



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

Office Use Only ☐

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Reporting Guide**

**This form must be submitted in its original digital format. Please do not print or scan this form.**

**\*\*\*FOR BEST RESULTS, PLEASE USE ADOBE READER OR ADOBE ACROBAT WHEN FILLING OUT THE FORM.\*\*\***

<b>LOBBYIST NAME</b>	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Betty</td><td></td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>Dunkerley</td><td colspan="2"></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>	Title	First Name*	Middle		Betty		Last Name*	Suffix		Dunkerley		
Title	First Name*	Middle											
	Betty												
Last Name*	Suffix												
Dunkerley													
<b>EMPLOYING ENTITY</b>	<p><input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</p> <p>Entity/Organization Name*</p> <p>Betty Dunkerley Consulting</p>												
<b>LOBBYIST PERMANENT BUSINESS STREET ADDRESS</b>	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>299 Makaha Drive</td><td colspan="2"></td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Bastrop</td><td>TX</td><td>78602</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number		299 Makaha Drive			City*	State*	Zip Code*	Bastrop	TX	78602
Permanent Business Street Address*	Apartment or Suite Number												
299 Makaha Drive													
City*	State*	Zip Code*											
Bastrop	TX	78602											
<b>LOBBYIST BUSINESS MAILING ADDRESS</b>	<table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>299 Makaha Drive</td><td colspan="2"></td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Bastrop</td><td>TX</td><td>78602</td></tr></table>	Business Mailing Address*	Apartment or Suite Number		299 Makaha Drive			City*	State*	Zip Code*	Bastrop	TX	78602
Business Mailing Address*	Apartment or Suite Number												
299 Makaha Drive													
City*	State*	Zip Code*											
Bastrop	TX	78602											

\* Indicates a required field



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

### REPORT TYPE \*

*Check all that apply*

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information of my most recent Quarterly Activity Report
- ☒ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☒ April ☐ July ☐ October
- ☐ I am correcting the information provided on a previously filed report
- Previous Report Type:  Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

<b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b>	Health care related to hospitals and clinics for Ascension Health including affordability, utilities for hospitals and mental health		
<b>PROPERTY ADDRESS OR LEGAL DESCRIPTION</b>	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                            | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals   | <input checked="" type="checkbox"/> Health, Healthcare, Mental Health, or Human Services      | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input type="checkbox"/> Annexation  | <input type="checkbox"/> Historic Preservation  | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries                    | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input type="checkbox"/> Quality of Life Affairs   |
| <input type="checkbox"/> Aviation  | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                 |
| <input checked="" type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input checked="" type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Technology or Communications                               |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Municipal Legislation  | <input checked="" type="checkbox"/> Transportation or Mobility                                 |
| <input type="checkbox"/> Contracts or Procurement  | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                                       | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums                  |  |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="Ascencion Health"/></td><td><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*		Client Suffix	<input type="text" value="Ascencion Health"/>		<input type="text"/>						
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="Ascencion Health"/>		<input type="text"/>																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="1345 Philomena Streey"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78723"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Health Care"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1345 Philomena Streey"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78723"/>	Nature of Client's Business*			<input type="text" value="Health Care"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="1345 Philomena Streey"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78723"/>																	
Nature of Client's Business*																			
<input type="text" value="Health Care"/>																			

### Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports  
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="\$10,000 - \$24,999"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	Compensation Category*		(\$) Exact Amount	<input type="text" value="\$10,000 - \$24,999"/>	OR	<input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
Compensation Category*		(\$) Exact Amount														
<input type="text" value="\$10,000 - \$24,999"/>	OR	<input type="text"/>														
Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.																
If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																
<input type="text"/>																

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="Strategic Partnership"/></td><td><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*		Client Suffix	<input type="text" value="Strategic Partnership"/>		<input type="text"/>						
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="Strategic Partnership"/>		<input type="text"/>																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="901 MOPAC Expressway, Barton Oaks Plaza 1"/></td><td colspan="2"><input type="text" value="Suite 100"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78602"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Business Development"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="901 MOPAC Expressway, Barton Oaks Plaza 1"/>	<input type="text" value="Suite 100"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78602"/>	Nature of Client's Business*			<input type="text" value="Business Development"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="901 MOPAC Expressway, Barton Oaks Plaza 1"/>	<input type="text" value="Suite 100"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78602"/>																	
Nature of Client's Business*																			
<input type="text" value="Business Development"/>																			

### Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports  
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
Compensation Category*		(\$) Exact Amount														
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>														
Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.																
If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																
<input type="text"/>																

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	<input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period																		
PERSON EMPLOYED OR RETAINED	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	Title	First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name*	Suffix		<input type="text"/>	<input type="text"/>		Employer*	Occupation*		<input type="text"/>	<input type="text"/>	
Title	First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name*	Suffix																		
<input type="text"/>	<input type="text"/>																		
Employer*	Occupation*																		
<input type="text"/>	<input type="text"/>																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>	Business Address*	Apartment or Suite Number	<input type="text"/>	<input type="text"/>	City*	State* Zip Code*	<input type="text"/>	<input type="text"/> <input type="text"/>										
Business Address*	Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
City*	State* Zip Code*																		
<input type="text"/>	<input type="text"/> <input type="text"/>																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	<p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	<input type="text"/>	<input type="text"/>														
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		
<input type="text"/>	<input type="text"/>																		

\* Indicates a required field

Add Another Employee Page

Delete this page



## **Lobbyist Reporting Form**

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period





**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 6:  
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

<div>EXPENDITURE TOTALS</div> <div>(Blank values will be interpreted as \$0)</div>	(\$) Reimbursement to Others	<div>\$0.00</div>
	(\$) Food and Beverages	<div>\$0.00</div>
	(\$) Transportation and Lodging	<div>\$0.00</div>
	(\$) Gifts (other than Awards and Mementos)	<div>\$0.00</div>
	(\$) Entertainment	<div>\$0.00</div>
	(\$) Awards and Mementos	<div>\$0.00</div>
	(\$) Honorariums	<div>\$0.00</div>
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	<div>\$0.00</div>
	(\$) Media Communications (broadcast, print, advertising, etc.)	<div>\$0.00</div>
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	<div>\$0.00</div>



**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 7:  
Expenditure**

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME  AND  BUSINESS INTEREST	Payee Title	Payee First Name*		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	<input type="checkbox"/> This payee is a business or business interest of a City Official			
	If yes, First Name of City Official		Last Name of City Official	
	Department of City Official		Job Title of City Official	
PAYEE  ADDRESS	Payee Address/ PO Box*		Payee Apartment or Suite Number	
	Payee City*	Payee State*	Payee Zip Code*	
EXPENDITURE  DETAILS	(\$) Expenditure Amount*	Expenditure Date*	Category*	
	Purpose of the Expenditure*			

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Betty Dunkerley

Typed Name

4/5/2021

Report Date\*

### Electronic Submission and Signature

- ☒ I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.