



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.*****

LOBBYIST NAME	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Michael</td><td>J.</td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>Whellan</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		Michael	J.	Last Name*	Suffix		Whellan		
Title	First Name*	Middle											
	Michael	J.											
Last Name*	Suffix												
Whellan													
EMPLOYING ENTITY	<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> <div></div>												
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 Congress Avenue</td><td colspan="2">Suite 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number		100 Congress Avenue	Suite 1300		City*	State*	Zip Code*	Austin	TX	78701
Permanent Business Street Address*	Apartment or Suite Number												
100 Congress Avenue	Suite 1300												
City*	State*	Zip Code*											
Austin	TX	78701											
LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 Congress Avenue</td><td colspan="2">Suite 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>	Business Mailing Address*	Apartment or Suite Number		100 Congress Avenue	Suite 1300		City*	State*	Zip Code*	Austin	TX	78701
Business Mailing Address*	Apartment or Suite Number												
100 Congress Avenue	Suite 1300												
City*	State*	Zip Code*											
Austin	TX	78701											

* 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.



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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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, and restrictive covenants.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 8004 West U S Hwy 290		Suite or Apartment Number
	City Austin	State TX	Zip Code 78737
	Property Legal Description LOT 2 BLK A WEST PARK AMENED Plat		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	1600 Wickersham Lane		
	City	State	Zip Code
	Austin	TX	78741
	Property Legal Description		
	LOTS 5 THROUGH 9, BLOCK A, PARKE GREEN SUBDIVISION		

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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	1109 S. Pleasant Valley		
	City	State	Zip Code
	Austin	TX	78741
Property Legal Description			
Lot 1 BLK A Jefferson Commons at Town Lake			

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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to permitting, including responses to City staff comments to site plan and building permit submittals.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 901 W. Ben White Blvd.		Suite or Apartment Number
	City Austin	State TX	Zip Code 78704
	Property Legal Description LOT 1 BLK A SOUTH AUSTIN MEDICAL CENTER		

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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Ordinances and regulations related to music industry including but not limited to, special events, sound amplification, venues, and fees.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<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 checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input checked="" 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 |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	The City's ordinances and regulations concerning anti-lobbying and solicitations, including but not limited to, Request for Proposal, Invitation for Bids, Request for Quotations, Request for Qualifications, and auctions.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address <input type="text"/> Suite or Apartment Number <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <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 type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	The collection, processing or disposal of solid waste, recyclables, compostables, organics, reusable material, biosolids, and industrial non-hazardous waste.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<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

- | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
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| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Telecommunications including fiber, small cell technology and antenna locations.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div><input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.</div> <div><div>Address</div><div><input type="text"/></div></div> <div><div>Suite or Apartment Number</div><div><input type="text"/></div></div> <div><div>City</div><div><input type="text"/></div></div> <div><div>State</div><div><input type="text"/></div></div> <div><div>Zip Code</div><div><input type="text"/></div></div> <div><div>Property Legal Description</div><div><input type="text"/></div></div>		

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Online travel agency Issues, including short term rentals.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<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 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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input checked="" type="checkbox"/> Municipal Legislation | <input 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 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

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements relating to site plan permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	2711 West Anderson Lane		
	City	State	Zip Code
	Austin	TX	78757
Property Legal Description			
Lot 2 Northcross Plaza RESUB of Lot A			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	4600 Elmont Drive		
	City	State	Zip Code
	Austin	TX	78741
Property Legal Description			
LOT 1 BLK A JEFFERSON COMMONS AT THE BALLPARK			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	4700 E. Riverside Drive		
	City	State	Zip Code
	Austin	TX	78741
Property Legal Description			
Lots 2-4 BLK B Parke Green SUBD			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1515 Wickersham Lane		Suite or Apartment Number
	City Austin	State TX	Zip Code 78741
	Property Legal Description Lot 1 BLK B Parke Green SUBD		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input 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



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting issues.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	1401, 1307, 1311 and 1303 S. Lamar		
	City	State	Zip Code
	Austin	TX	78704
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	7415 Southwest Parkway		
	City	State	Zip Code
	Austin	TX	78735
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 2033 E. 5th Street		Suite or Apartment Number
	City Austin	State TX	Zip Code 78702
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Healthcare related regulations.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 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

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Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	1705 E. 6th Street		
	City	State	Zip Code
	Austin	TX	78702
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to proposed rezoning and any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	3706 Goodwin Avenue		
	City	State	Zip Code
	Austin	TX	78721
Property Legal Description			
3.7402 acres out of Outlot 56, Division A			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	8921 West U.S. Highway 290		
	City	State	Zip Code
	Austin	TX	78737
Property Legal Description			
Lot 1, Block A, Best Technologies Center Subdivision			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and site plan permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 3124 1/2 E. Parmer Lane		Suite or Apartment Number
	City Austin	State TX	Zip Code 78754
	Property Legal Description 		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input 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

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting to allow Affordable Housing.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	2309 & 2405 N. RR 620 and 2302 & 2304...		Pyramid Drive
	City	State	Zip Code
	Austin	TX	78734
Property Legal Description			

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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Section 2: Municipal Question

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 501 Brazos Street		Suite or Apartment Number
	City Austin	State TX	Zip Code 78701
	Property Legal Description 		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 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

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Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to land development.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	11604 Stonehollow Drive		
	City	State	Zip Code
	Austin	TX	78758
	Property Legal Description		

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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to proposed rezoning and any related site permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	1011 & 1017 Springdale Road		
	City	State	Zip Code
	Austin	TX	78721
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to permitting, including responses to City staff comments to site plan submittal.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 919 E 32nd Street		Suite or Apartment Number
	City Austin	State TX	Zip Code 78705
	Property Legal Description		

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 checked="" 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 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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	416 West 12th Street		
	City	State	Zip Code
	Austin	TX	78701-1817
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

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Lobbyist Reporting Form

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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	4908 Lott Avenue		
	City	State	Zip Code
	Austin	TX	78721
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	201 Koenig Lane		
	City	State	Zip Code
	Austin	TX	78751
	Property Legal Description		

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 checked="" 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 type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1401 East 6th Street		Suite or Apartment Number Units 1 & 2
	City Austin	State TX	Zip Code 78702-3303
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
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| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1501 East 6th Street		Suite or Apartment Number
	City Austin	State TX	Zip Code 78702-3305
	Property Legal Description		

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 checked="" 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 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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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Delete this page



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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site redevelopment, including subdivision and site plan.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	2700 South Lamar		
	City	State	Zip Code
	Austin	TX	78704-4708
	Property Legal Description		

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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Water Utility Metering and entitlements.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	2901 S. Capital of Texas Highway		
	City	State	Zip Code
	Austin	TX	78746
	Property Legal Description		

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 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 type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to permitting, including responses to City staff comments to site plan and building permit submittals.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 12221 N. Mopac Expy.		Suite or Apartment Number
	City Austin	State TX	Zip Code 78758
	Property Legal Description		

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 checked="" 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 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input 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 type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: <input type="text"/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and any site development permits.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" 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
	7113 Burnet Rod		
	City	State	Zip Code
	Austin	TX	78757-2249
	Property Legal Description		

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 checked="" 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 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 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 |
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| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
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| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1404 E. Riverside Drive		Suite or Apartment Number
	City Austin	State TX	Zip Code 78741-1138
	Property Legal Description		

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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input 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 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 checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
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| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="NRE EDGE, LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="3100 McKinnon Street"/> <input type="text" value="Suite 250"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Dallas"/> <input type="text" value="TX"/> <input type="text" value="75201"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Property Owner"/></div>

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

* Indicates a required field

Add Another Client Page

Delete this page



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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>Organization Name or Client Last Name, as applicable*</td><td colspan="2">Client Suffix</td></tr><tr><td><input type="text" value="BP Riverside West, LLC"/></td><td colspan="2"><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="BP Riverside West, LLC"/>	<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="BP Riverside West, LLC"/>	<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="3100 McKinnon Street"/></td><td colspan="2"><input type="text" value="Suite 250"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Dallas"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="75201"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="3100 McKinnon Street"/>	<input type="text" value="Suite 250"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="3100 McKinnon Street"/>	<input type="text" value="Suite 250"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201"/>																	
Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

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 required 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 required 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"/>		
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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	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="NRE TOWN LAKE PROPERTY OWNER, LLC"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	<input type="text" value="3100 McKinnon Street"/>		<input type="text" value="250"/>
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201"/>
	Nature of Client's Business*		
	<input type="text" value="Property Owner"/>		

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	Compensation Category*	OR	(\$) Exact Amount
	<input type="text" value="less than \$10,000"/>		<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required 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"/>		

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	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="St. David's HealthCare Partnership, LP, LLP"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	<input type="text" value="98 San Jacinto Blvd."/>	<input type="text" value="Suite 1800"/>	
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Nature of Client's Business*		
	<input type="text" value="Healthcare Provider"/>		

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	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 required for compensation totaling \$500,000 or more.		
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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="SXSW, LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="P. O. Box 685289"/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78768"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Music Industry"/></div>

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

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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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="Texas Disposal Systems, Inc."/></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="Texas Disposal Systems, Inc."/>		<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="Texas Disposal Systems, Inc."/>		<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="P. O. Box 17126"/></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="78760"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Solid Waste Services"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="P. O. Box 17126"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78760"/>	Nature of Client's Business*			<input type="text" value="Solid Waste Services"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="P. O. Box 17126"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78760"/>																	
Nature of Client's Business*																			
<input type="text" value="Solid Waste Services"/>																			

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 required 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 required 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														
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<input type="text"/>																

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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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>Organization Name or Client Last Name, as applicable*</td><td colspan="2">Client Suffix</td></tr><tr><td><input type="text" value="Verizon Communications, Inc."/></td><td colspan="2"><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="Verizon Communications, Inc."/>	<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="Verizon Communications, Inc."/>	<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="10101 Claude Freeman Dr."/></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="Charlotte"/></td><td><input type="text" value="NC"/></td><td><input type="text" value="28262"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Telecommunications"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="10101 Claude Freeman Dr."/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28262"/>	Nature of Client's Business*			<input type="text" value="Telecommunications"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="10101 Claude Freeman Dr."/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28262"/>																	
Nature of Client's Business*																			
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Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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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 required 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 required 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"/>		
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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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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>Organization Name or Client Last Name, as applicable*</td><td colspan="2">Client Suffix</td></tr><tr><td><input type="text" value="Expedia, Inc."/></td><td colspan="2"><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="Expedia, Inc."/>	<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="Expedia, Inc."/>	<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="1011 W. 5th Street"/></td><td colspan="2"><input type="text" value="Suite 300"/></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="78703"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Expedia, Inc. is an online travel company, empowering business and leisure travelers through technology."/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1011 W. 5th Street"/>	<input type="text" value="Suite 300"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>	Nature of Client's Business*			<input type="text" value="Expedia, Inc. is an online travel company, empowering business and leisure travelers through technology."/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="1011 W. 5th Street"/>	<input type="text" value="Suite 300"/>																		
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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 required 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 required 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"/>														
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<input type="text"/>																

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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<input type="text" value="Ardent Residential, LP"/>		<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="5456 Burnet Road, Suite 203"/></td><td colspan="2"><input type="text" value="Suite 203"/></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="78756"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property owner and developer."/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="5456 Burnet Road, Suite 203"/>	<input type="text" value="Suite 203"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78756"/>	Nature of Client's Business*			<input type="text" value="Property owner and developer."/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="5456 Burnet Road, Suite 203"/>	<input type="text" value="Suite 203"/>																		
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Nature of Client's Business*																			
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Compensation Category*		(\$) Exact Amount														
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<input type="text"/>																

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Lobbyist Reporting Form

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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> Seamless Capital, L.P. <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 4407 Bee Caves Road <input type="text"/> Suite 421</div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Austin <input type="text"/> TX <input type="text"/> 78746</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Land owner.</div>

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	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* 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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="BPN Riverside LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="3100 McKinnon Street"/> <input type="text" value="Suite 250"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Dallas"/> <input type="text" value="TX"/> <input type="text" value="75201"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Property Owner."/></div>

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

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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="NRE ZONE, LLC"/></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="NRE ZONE, LLC"/>		<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="NRE ZONE, LLC"/>		<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="3100 McKinnon Street"/></td><td colspan="2"><input type="text" value="Suite 250"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Dallas"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="75201"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner."/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="3100 McKinnon Street"/>	<input type="text" value="Suite 250"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75201"/>	Nature of Client's Business*			<input type="text" value="Property Owner."/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="3100 McKinnon Street"/>	<input type="text" value="Suite 250"/>																		
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Nature of Client's Business*																			
<input type="text" value="Property Owner."/>																			

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 required 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 required 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"/>		
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<input type="text"/>																

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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

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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="Lantana Place, LLC"/></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="Lantana Place, LLC"/>		<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="Lantana Place, LLC"/>		<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="212 Lavaca Street"/></td><td colspan="2"><input type="text" value="Suite 300"/></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="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="212 Lavaca Street"/>	<input type="text" value="Suite 300"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="212 Lavaca Street"/>	<input type="text" value="Suite 300"/>																		
Client City*	Client State*	Client Zip Code*																	
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Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

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 required 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 required 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														
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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="Riverside Resources"/></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="Riverside Resources"/>		<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="Riverside Resources"/>		<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="100 Congress Avenue"/></td><td colspan="2"><input type="text" value="Suite 1450"/></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="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner."/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="100 Congress Avenue"/>	<input type="text" value="Suite 1450"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Property Owner."/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="100 Congress Avenue"/>	<input type="text" value="Suite 1450"/>																		
Client City*	Client State*	Client Zip Code*																	
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Nature of Client's Business*																			
<input type="text" value="Property Owner."/>																			

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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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 required 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 required 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"/>		
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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	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Sabot Development"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="704 Rolling Green"/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78734"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Property Owner."/></div>

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3a: Client Information

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Organization Name or Client Last Name, as applicable*	Client Suffix																		
<input type="text" value="Reger Properties"/>	<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="2730 Transit Road"/></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="West Seneca"/></td><td><input type="text" value="NY"/></td><td><input type="text" value="14224"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="2730 Transit Road"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="West Seneca"/>	<input type="text" value="NY"/>	<input type="text" value="14224"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
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Section 3b: Client Compensation

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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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="Sonoma Housing"/>		<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="16812 Dallas Parkway"/></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="Dallas"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="75248"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="16812 Dallas Parkway"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75248"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="16812 Dallas Parkway"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75248"/>																	
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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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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="Magellan Development Group, LLC"/></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="Magellan Development Group, LLC"/>		<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="Magellan Development Group, LLC"/>		<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="225 N. Columbus Drive"/></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="Chicago"/></td><td><input type="text" value="IL"/></td><td><input type="text" value="60601"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="225 N. Columbus Drive"/>	<input type="text" value="Suite 100"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Chicago"/>	<input type="text" value="IL"/>	<input type="text" value="60601"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
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Nature of Client's Business*																			
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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 required 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 required 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"/>		
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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

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Client Title	Client First Name*	Middle																	
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Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="MCRT Investments, LLC"/>		<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="1601 Rio Grande Street"/></td><td colspan="2"><input type="text" value="443"/></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="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Ownership and development."/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="1601 Rio Grande Street"/>	<input type="text" value="443"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Property Ownership and development."/>		
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Add Another Client Page

Delete this page



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Section 3a: Client Information

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Client Title	Client First Name*	Middle																	
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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="Four Embarcadero Center"/></td><td colspan="2"><input type="text" value="3620"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="San Francisco"/></td><td><input type="text" value="CA"/></td><td><input type="text" value="94111"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="Four Embarcadero Center"/>	<input type="text" value="3620"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="San Francisco"/>	<input type="text" value="CA"/>	<input type="text" value="94111"/>	Nature of Client's Business*			<input type="text" value="Real Estate"/>		
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CLIENT NAME	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="Aus Springdale LLC"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	<input type="text" value="Four Embarcadero Center"/>	<input type="text" value="3620"/>	
	Client City*	Client State*	Client Zip Code*
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<input type="text" value="Stratus Properties Inc."/>	<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="212 Lavaca"/></td><td colspan="2"><input type="text" value="Suite 300"/></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="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="212 Lavaca"/>	<input type="text" value="Suite 300"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Real Estate"/>		
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Lobbyist Reporting Form

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CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="The Geyser Group"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="1023 Springdale Road"/> <input type="text" value="Suite J"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78721"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Property Owner"/></div>

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CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="100 Congress Avenue"/> <input type="text" value="Suite 1450"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Property Owner"/></div>

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<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 required 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="Palo Verde 290 Partners"/></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="Palo Verde 290 Partners"/>		<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="Palo Verde 290 Partners"/>		<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="5453 Burnet Road"/></td><td colspan="2"><input type="text" value="Suite 203"/></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="78756-1648"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="5453 Burnet Road"/>	<input type="text" value="Suite 203"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78756-1648"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
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<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78756-1648"/>																	
Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

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 required 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 required 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"/>		
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* 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="Simon Property Group"/></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="Simon Property Group"/>		<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="Simon Property Group"/>		<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="225 West Washington Street"/></td><td colspan="2"><input type="text" value="7th Floor"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Indianapolis"/></td><td><input type="text" value="IN"/></td><td><input type="text" value="46204-3438"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="225 West Washington Street"/>	<input type="text" value="7th Floor"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Indianapolis"/>	<input type="text" value="IN"/>	<input type="text" value="46204-3438"/>	Nature of Client's Business*			<input type="text" value="Property Owner"/>		
Client Business Address*	Client Apartment or Suite Number																		
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Nature of Client's Business*																			
<input type="text" value="Property Owner"/>																			

Section 3b: Client Compensation

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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 required 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 required 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														
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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 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	<input type="text"/>
	(\$) Food and Beverages	<input type="text"/>
	(\$) Transportation and Lodging	<input type="text"/>
	(\$) Gifts (other than Awards and Mementos)	<input type="text"/>
	(\$) Entertainment	<input type="text"/>
	(\$) Awards and Mementos	<input type="text"/>
	(\$) Honorariums	<input type="text"/>
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	<input type="text"/>
	(\$) Media Communications (broadcast, print, advertising, etc.)	<input type="text"/>
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	<input type="text"/>



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	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2"><input type="checkbox"/> This payee is a business or business interest of a City Official</td></tr><tr><td>If yes, First Name of City Official</td><td>Last Name of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Department of City Official</td><td>Job Title of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Title	Payee First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Payee Last Name, as applicable*	Payee Suffix	<input type="text"/>	<input type="text"/>	<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	<input type="text"/>	<input type="text"/>	Department of City Official	Job Title of City Official	<input type="text"/>	<input type="text"/>
Payee Title	Payee First Name*																		
<input type="text"/>	<input type="text"/>																		
Organization Name or Payee Last Name, as applicable*	Payee Suffix																		
<input type="text"/>	<input type="text"/>																		
<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																		
<input type="text"/>	<input type="text"/>																		
Department of City Official	Job Title of City Official																		
<input type="text"/>	<input type="text"/>																		
PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		<input type="text"/>	<input type="text"/>		Payee City*	Payee State*	Payee Zip Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payee Address/ PO Box*	Payee Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
Payee City*	Payee State*	Payee Zip Code*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
EXPENDITURE DETAILS	<table><tr><td>(\$) Expenditure Amount*</td><td>Expenditure Date*</td><td>Category*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3">Purpose of the Expenditure*</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	(\$) Expenditure Amount*	Expenditure Date*	Category*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Purpose of the Expenditure*			<input type="text"/>								
(\$) Expenditure Amount*	Expenditure Date*	Category*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Purpose of the Expenditure*																			
<input type="text"/>																			

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

Add Another Expenditure Page

Delete this page

71 Revised: 3/16/2018



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.

Michael J. Whellan

Typed Name

4/7/2021

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.