



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: Individual Reporting Guide

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

LOBBYIST NAME	<div>Title Mr.</div> <div>First Name* Alfred</div> <div>Middle </div> <div>Last Name* Bingham</div> <div>Suffix Jr.</div> <div><input type="checkbox"/> My employer is a 501c(3) non-profit organization</div>
EMPLOYING ENTITY	<div><input type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</div>
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<div>Permanent Business Street Address* 1212 Guadalupe Street</div> <div>Apartment or Suite Number 804</div> <div>City* Austin</div> <div>State* TX</div> <div>Zip Code* 78701</div>
LOBBYIST BUSINESS MAILING ADDRESS	<div>Business Mailing Address* 1212 Guadalupe Street</div> <div>Apartment or Suite Number 804</div> <div>City* Austin</div> <div>State* TX</div> <div>Zip Code* 78701</div>

* Indicates a required field



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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 outside of a Quarterly Activity Reporting Period
- ☒ 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 *	Government and Public Affairs		
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 checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input checked="" 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 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 checked="" type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input checked="" type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input checked="" 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 checked="" type="checkbox"/> Land Development or Land Use | <input checked="" type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input checked="" type="checkbox"/> Technology or Communications |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input checked="" type="checkbox"/> Contracts or Procurement | <input checked="" type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: <input type="text" value="Airport Concessions"/> | |

Add Additional Municipal Question

Delete this page

Page 3 of 17 Revised: 9/25/2017



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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Reagan National Advertising, Inc.																		
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>7301 Burleson Road</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78744</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Outdoor Advertising</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7301 Burleson Road			Client City*	Client State*	Client Zip Code*	Austin	TX	78744	Nature of Client's Business*			Outdoor Advertising		
Client Business Address*	Client Apartment or Suite Number																		
7301 Burleson Road																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78744																	
Nature of Client's Business*																			
Outdoor Advertising																			

Section 3b: Client Compensation

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>\$10,000 - \$24,999</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$10,000 - \$24,999	OR	
Compensation Category*		(\$) Exact Amount					
\$10,000 - \$24,999	OR						

* Indicates a required field

Add Another Client Page

Delete this page



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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* CPS HR																		
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>2450 Del Paso Road</td><td colspan="2">220</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Sacramento</td><td>CA</td><td>95834</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Human resources consulting / training</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2450 Del Paso Road	220		Client City*	Client State*	Client Zip Code*	Sacramento	CA	95834	Nature of Client's Business*			Human resources consulting / training		
Client Business Address*	Client Apartment or Suite Number																		
2450 Del Paso Road	220																		
Client City*	Client State*	Client Zip Code*																	
Sacramento	CA	95834																	
Nature of Client's Business*																			
Human resources consulting / training																			

Section 3b: Client Compensation

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>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
less than \$10,000	OR								

* Indicates a required field

Add Another Client Page

Delete this page



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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* City Ambulance Service																		
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>7007 Wimbledon Estates Dr.</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Spring</td><td>TX</td><td>77379</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Ambulatory care</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7007 Wimbledon Estates Dr.			Client City*	Client State*	Client Zip Code*	Spring	TX	77379	Nature of Client's Business*			Ambulatory care		
Client Business Address*	Client Apartment or Suite Number																		
7007 Wimbledon Estates Dr.																			
Client City*	Client State*	Client Zip Code*																	
Spring	TX	77379																	
Nature of Client's Business*																			
Ambulatory care																			

Section 3b: Client Compensation

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>\$10,000 - \$24,999</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$10,000 - \$24,999	OR	
Compensation Category*		(\$) Exact Amount					
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* Indicates a required field

Add Another Client Page

Delete this page



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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="Ferrovia Airports Holdings US Corp."/>																		
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="9600 Great Hills Trail"/></td><td colspan="2"><input type="text" value="250"/></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="78759"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Airport development"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="9600 Great Hills Trail"/>	<input type="text" value="250"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78759"/>	Nature of Client's Business*			<input type="text" value="Airport development"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="9600 Great Hills Trail"/>	<input type="text" value="250"/>																		
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Nature of Client's Business*																			
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Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$10,000 - \$24,999"/></td><td>OR</td><td colspan="2"><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$10,000 - \$24,999"/>	OR	<input type="text"/>	
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$10,000 - \$24,999"/>	OR	<input type="text"/>							

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Add Another Client Page

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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Austin EMS Association																		
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>310 Comal Building A</td><td colspan="2">200 (#239)</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78702</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Trade association</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		310 Comal Building A	200 (#239)		Client City*	Client State*	Client Zip Code*	Austin	TX	78702	Nature of Client's Business*			Trade association		
Client Business Address*	Client Apartment or Suite Number																		
310 Comal Building A	200 (#239)																		
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78702																	
Nature of Client's Business*																			
Trade association																			

Section 3b: Client Compensation

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>less than \$10,000</td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$)	Exact Amount	less than \$10,000	OR		
Compensation Category*		(\$)	Exact Amount						
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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* <input type="text" value="The Hertz Corporation"/>																		
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="8501 Williams 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="Estero"/></td><td><input type="text" value="FL"/></td><td><input type="text" value="33928"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Vehicle Rental"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="8501 Williams Road"/>	<input type="text"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Estero"/>	<input type="text" value="FL"/>	<input type="text" value="33928"/>	Nature of Client's Business*			<input type="text" value="Vehicle Rental"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="8501 Williams Road"/>	<input type="text"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Estero"/>	<input type="text" value="FL"/>	<input type="text" value="33928"/>																	
Nature of Client's Business*																			
<input type="text" value="Vehicle Rental"/>																			

Section 3b: Client Compensation

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>(\$)</td><td>Exact Amount</td></tr><tr><td><input type="text" value="\$25,000 - \$49,999"/></td><td>OR</td><td></td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/>	Compensation Category*		(\$)	Exact Amount	<input type="text" value="\$25,000 - \$49,999"/>	OR		<input type="text"/>
Compensation Category*		(\$)	Exact Amount						
<input type="text" value="\$25,000 - \$49,999"/>	OR		<input type="text"/>						

* Indicates a required field

Add Another Client Page

Delete this page



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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 <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Vivent Health																		
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>7215 Cameron Rd.</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78752</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Health and Wellness</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7215 Cameron Rd.			Client City*	Client State*	Client Zip Code*	Austin	TX	78752	Nature of Client's Business*			Health and Wellness		
Client Business Address*	Client Apartment or Suite Number																		
7215 Cameron Rd.																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78752																	
Nature of Client's Business*																			
Health and Wellness																			

Section 3b: Client Compensation

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>\$0</td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div>	Compensation Category*		(\$) Exact Amount	\$0	OR	
Compensation Category*		(\$) Exact Amount					
\$0	OR						

* Indicates a required field

Add Another Client Page

Delete this page



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CLIENT NAME <input type="checkbox"/> Client is an individual	Organization Name or Client Last Name, as applicable* Capital Tagging																		
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>5119 E. 7th Street</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78702</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Parking enforcement</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		5119 E. 7th Street			Client City*	Client State*	Client Zip Code*	Austin	TX	78702	Nature of Client's Business*			Parking enforcement		
Client Business Address*	Client Apartment or Suite Number																		
5119 E. 7th Street																			
Client City*	Client State*	Client Zip Code*																	
Austin	TX	78702																	
Nature of Client's Business*																			
Parking enforcement																			

Section 3b: Client Compensation

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Compensation Category*		(\$) Exact Amount					
less than \$10,000	OR						

* Indicates a required field

Add Another Client Page

Delete this page



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Section 4: Employee

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

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

NO EMPLOYEES TO REPORT	<input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period																		
PERSON EMPLOYED OR RETAINED	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	Title	First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name*	Suffix		<input type="text"/>	<input type="text"/>		Employer*	Occupation*		<input type="text"/>	<input type="text"/>	
Title	First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name*	Suffix																		
<input type="text"/>	<input type="text"/>																		
Employer*	Occupation*																		
<input type="text"/>	<input type="text"/>																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td>TX <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"/>	TX <input type="text"/>										
Business Address*	Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
City*	State* Zip Code*																		
<input type="text"/>	TX <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

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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

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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.

EXPENDITURE TOTALS (Blank values will be interpreted as \$0)	(\$) 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,
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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 <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <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 <input type="text"/> Last Name of City Official <input type="text"/> Department of City Official <input type="text"/> Job Title of City Official <input type="text"/>
PAYEE ADDRESS	Payee Address/ PO Box* <input type="text"/> Payee Apartment or Suite Number <input type="text"/> Payee City* <input type="text"/> Payee State* <input type="text"/> Payee Zip Code* <input type="text"/>
EXPENDITURE DETAILS	(\$) Expenditure Amount* <input type="text"/> Expenditure Date* <input type="text"/> Category* <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

17 Revised: 9/25/2017



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.

Alfred Bingham Jr.

Typed Name

4/11/2021

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.