

# Austin Lobby Registration Cover Sheet

FORM REG  
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI Emily	PAGE # 5		
	LAST; SUFFIX Timm	ACCOUNT # 00090689		
2 EMPLOYING ENTITY	Entity/Organization Name Workers Defense Action Fund	<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/12/2021 Receipt # <table><tr><td>HD / PM</td><td>Amount</td></tr></table> Date Processed Date Imaged	HD / PM	Amount
HD / PM	Amount			
3 LOBBYIST PERMANENT BUSINESS STREET ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road  Austin, TX 78723			
4 LOBBYIST BUSINESS MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road  Austin, TX 78723			

5 LOBBYIST REGISTERED UNDER BUSINESS ENTITY
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# Austin Lobby Registration Municipal Question

## FORM REG SCHEDULE Municipal Question

<b>1</b> LOBBYIST NAME Timm, Emily	<b>2</b> LOBBYIST ID 00090689	<b>3</b> Total pages Schedule Municipal Question:  Sch: 1/1 Rpt: 2/5
<b>4</b> DESCRIPTION OF THE MUNICIPAL QUESTION	Working conditions faced by construction workers & other low wage workers, policies impacting	
<b>5</b> MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	The municipal question pertain to real property	
<b>6</b> PROPERTY ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP	
<b>7</b> PROPERTY DESCRIPTION		

### SUBJECT MATTER CATEGORIES

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>1</b> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> <b>14</b> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> <b>26</b> Permits (Building, Site Plans)                                       |
| <input type="checkbox"/> <b>2</b> Affordability  | <input type="checkbox"/> <b>15</b> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> <b>27</b> Permits (Other)  |
| <input type="checkbox"/> <b>3</b> Animals  | <input type="checkbox"/> <b>16</b> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> <b>28</b> Public Safety, Police, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> <b>4</b> Annexation   | <input type="checkbox"/> <b>17</b> Historic Preservation  | <input type="checkbox"/> <b>29</b> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> <b>5</b> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> <b>18</b> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> <b>30</b> Quality of Life Affairs  |
| <input type="checkbox"/> <b>6</b> Aviation   | <input checked="" type="checkbox"/> <b>19</b> Human Rights or Immigration                               | <input type="checkbox"/> <b>31</b> Real Estate   |
| <input checked="" type="checkbox"/> <b>7</b> City Infrastructure or Public Works             | <input checked="" type="checkbox"/> <b>20</b> Labor or Workforce  | <input type="checkbox"/> <b>32</b> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> <b>8</b> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> <b>21</b> Land Development or Land Use                              | <input type="checkbox"/> <b>33</b> Taxation or Fees  |
| <input checked="" type="checkbox"/> <b>9</b> Code Compliance                                 | <input type="checkbox"/> <b>22</b> Municipal Court  | <input type="checkbox"/> <b>34</b> Technology or Communications  |
| <input checked="" type="checkbox"/> <b>10</b> Construction                                   | <input type="checkbox"/> <b>23</b> Municipal Legislation  | <input checked="" type="checkbox"/> <b>35</b> Transportation or Mobility   |
| <input checked="" type="checkbox"/> <b>11</b> Contracts or Procurement                       | <input type="checkbox"/> <b>24</b> Neighborhoods  | <input checked="" type="checkbox"/> <b>36</b> Zoning or Platting   |
| <input checked="" type="checkbox"/> <b>12</b> Diversity, Equity, or Inclusion                | <input type="checkbox"/> <b>25</b> Parks, Recreation, Libraries, or Museums                             | <input type="checkbox"/> <b>37</b> OTHER _____   |
| <input checked="" type="checkbox"/> <b>13</b> Economic Development                           |   |  |

# Austin Lobby Registration Client Identity

## FORM REG SCHEDULE Client Identity

1 LOBBYIST NAME Timm, Emily	2 LOBBYIST ID 00090689	3 Total pages Schedule Client Identity:  Sch: 1/1 Rpt: 3/5
4 I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
5 CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Workers Defense Action Fund	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 5604 Manor Road  Austin, TX 78723	
7 NATURE OF CLIENT'S BUSINESS	Worker Advocacy, creating safe and equitable jobs.	

**Austin Lobby Registration  
Employees and Associates**

**FORM REG  
SCHEDULE Employees Associates**

<b>1</b> LOBBYIST NAME Timm, Emily		<b>2</b> LOBBYIST ID 00090689	<b>3</b> Total pages Schedule Employees & Associates:  Sch: 1/1 Rpt: 4/5
<b>4</b> NAME OF EMPLOYEE	TITLE; FIRST Mrs. Emily		
	LAST; SUFFIX Timm		
<b>5</b> OCCUPATION	Co-Executive Director		
<b>6</b> BUSINESS ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5604 Manor Road		
	Austin, TX 78723		
<b>7</b> EMPLOYER			
<b>8</b> NATURE OF EMPLOYMENT			
<b>9</b> NAME OF MAYOR OR COUNCIL MEMBER			

# Austin Lobby Registration File Declaration-Lobbyist

## Lobby Registration

### AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.

Under penalty of perjury, I swear or affirm that the facts provided in this report 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 Section 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.

Emily Timm

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Signature of Filer