

# Corrected Austin Lobby Quarterly Activity Report

FORM QAR

<b>1</b> Lobbyist ID 00090671		<b>2</b> Total pages filed: 13	<b>OFFICE USE ONLY</b>			
<b>3</b> LOBBYIST NAME	TITLE; FIRST; MI Alice A.		Date Received ELECTRONICALLY FILED 10/05/2021			
	LAST; SUFFIX Myers		Date Hand-delivered or Date Postmarked			
<b>4</b> EXPLANATION OF CORRECTION There was no correction; just checking to be sure it was submitted on time.			Receipt #		Amount	
			Date Processed			
			Date Imaged			

## 5 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. I further affirm that I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest).

Check ONLY if applicable:

☒ Under penalty of perjury, I swear or affirm that this corrected report is true and correct and based on my personal knowledge.

Alice Myers  
\_\_\_\_\_  
Signature of Registrant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_

Remember To Attach Any Part Of Form REG Needed To Report And Explain Corrections

# Austin Lobby Quarterly Activity Report Cover Sheet

FORM QAR  
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI  Alice A.	PAGE # 13
	LAST; SUFFIX Myers	ACCOUNT # 00090671
2 EMPLOYING ENTITY	Entity/Organization Name	<b>OFFICE USE ONLY</b>
3 LOBBYIST PERMANENT BUSINESS STREET ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received ELECTRONICALLY FILED 10/05/2021
	7800 Southwest Parkway	Receipt #
	Unit 415	HD / PM Amount
	Austin, TX 78735	Date Processed
4 LOBBYIST BUSINESS MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Imaged
	7800 Southwest Parkway	
	Unit 415	
	Austin, TX 78735	

5 LOBBYIST REGISTERED UNDER BUSINESS ENTITY
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# Austin Lobby Quarterly Activity Report Municipal

## FORM QAR SCHEDULE Municipal Question

1 LOBBYIST NAME Myers, Alice	2 LOBBYIST ID 00090671	3 Total pages Schedule Municipal Question:  Sch: 1/1 Rpt: 3/13
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4 MUNICIPAL QUESTION	Permits (Building, Site Plans)
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5 MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	X The municipal question pertain to real property
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6 REAL PROPERTY	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP
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7 PROPERTY DESCRIPTION	Multiple sites
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### SUBJECT MATTER CATEGORIES

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

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Myers, Alice	2 LOBBYIST ID 00090671	3 Total pages Schedule Municipla Question:  Sch: 1/5 Rpt: 4/13
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 McDonalds	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 5508 Highway 290 West Suite 201 Austin, TX 78735	
7 NATURE OF CLIENT'S BUSINESS	Quick Service Restaurant	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

# Austin Lobby Quarterly Activity Report Client Identity, Compensation or Reimbursement

FORM QAR  
SCHEDULE Client Compensation

1 LOBBYIST NAME Myers, Alice	2 LOBBYIST ID 00090671	3 Total pages Schedule Municipla Question:  Sch: 2/5 Rpt: 5/13
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 Austin Sonics	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP MasonHARRISON RATLIFF ENTERPRISES LLC P.O.BOX 22775 Oklahoma City, OK 73123	
7 NATURE OF CLIENT'S BUSINESS	Quick Service Restaurant	

## COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENTFOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input checked="" type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
9 REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Myers, Alice	<b>2</b> LOBBYIST ID 00090671	<b>3</b> Total pages Schedule Municipla Question:  Sch: 3/5 Rpt: 6/13
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Tacala DBA Taco Bell	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX:    APT / SUITE #;    CITY;    STATE;    ZIP 425 Round Rock West Suite 105 Round Rock, TX 78681	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Quick Service Restaurant	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Myers, Alice	<b>2</b> LOBBYIST ID 00090671	<b>3</b> Total pages Schedule Municipla Question:  Sch: 4/5 Rpt: 7/13
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI  ..... LAST; SUFFIX Whatabrands dba Whataburge	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 300 Concord Plaza Drive  San Antonio, TX 78216	
<b>7</b> NATURE OF CLIENT'S BUSINESS	Quick Service Restaurant	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0 <input checked="" type="checkbox"/> LESS THAN \$10,000 <input type="checkbox"/> \$ 10,000 - \$ 24,999 <input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 50,000 - \$ 99,999 <input type="checkbox"/> \$ 100,000 - \$ 199,999 <input type="checkbox"/> \$ 200,000 - \$ 299,999 <input type="checkbox"/> \$ 300,000 - \$ 399,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999 <input type="checkbox"/> \$ 500,000 or MORE (Exact Amount \$ _____)
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		

**Austin Lobby Quarterly Activity Report Client  
Identity, Compensation or Reimbursement****FORM QAR  
SCHEDULE Client Compensation**

<b>1</b> LOBBYIST NAME Myers, Alice	<b>2</b> LOBBYIST ID 00090671	<b>3</b> Total pages Schedule Municipla Question:  Sch: 5/5 Rpt: 8/13
<b>4</b> I REPRESENT NO CLIENTS	<input type="checkbox"/> I represented no clients during the applicable reporting period.	
<b>5</b> CLIENT OR ORGANIZATION NAME	TITLE; FIRST; MI	
	LAST; SUFFIX County Line	
<b>6</b> CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 512 E. Riverside Drive Suite 200 Austin, TX 78704	
<b>7</b> NATURE OF CLIENT'S BUSINESS	BBQ Restaurant	

**COMPENSATION OR REIMBURSEMENT**

<b>8</b> LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input checked="" type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 100,000 - \$ 199,999	<input type="checkbox"/> \$ 500,000 or MORE
	<input type="checkbox"/> \$ 10,000 - \$ 24,999	<input type="checkbox"/> \$ 200,000 - \$ 299,999	(Exact Amount \$ _____)
	<input type="checkbox"/> \$ 25,000 - \$ 49,999	<input type="checkbox"/> \$ 300,000 - \$ 399,999	
<b>9</b> REASON OF DECLINE/REFUSE TO REPORT COMPENSATION OR REIMBURSEMENT	<input type="checkbox"/> Declined or Refused to report compensation or reimbursement		



# Austin Lobby Quarterly Activity Report Statement of No Activity-Lobbyists

## Statement of No Activity

<b>1</b> LOBBYIST NAME Myers, Alice	<b>2</b> LOBBYIST ID 00090671	<b>3</b> Total pages Schedule Municipla Question:  Sch: 1/1 Rpt: 9/13
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This information serves as the electronic signature of the person legally responsible for filing this report.

Lobbyists or registrants 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 conditions below.

I received no Client Compensation or Reimbursement during this reporting period (Section 4-8-6(A)(2)).

I made no Expenditure for lobbying during this reporting period (Section 4-8-6(A)(3)).

I have not exchanged money, goods, services, or anything of value in the amount of \$500 or more with a business entity in which a City official is a proprietor, partner, director, officer, manager, employer, employee, or in which a City official has a substantial economic interest (Section 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 (Section 4-8-6(A)(4)).

I have no registration information to update (Section 4-8-5 and 4-8-6(A)(1)).

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

Alice Myers

Signature of Filer

# Austin Lobby Quarterly Activity Report Expenditure Totals

FORM QAR  
SCHEDULE Expenditure Totals

1 LOBBYIST NAME Myers, Alice		2 LOBBYIST ID 00090671	3 Total pages Schedule Expenditure Totals:  Sch: 1/1 Rpt: 10/13
4 EXPENDITURE TOTALS	Reimbursements to Others	\$	
	Food & Beverages	\$	
	Transportation & Lodging	\$	
	Gifts	\$	
	Entertainment	\$	
	Awards & Mementos	\$	
	Honorariums	\$	
	Made for the Attendance of Council Members at Charitable Events or Fundraisers	\$	
	Media Communications	\$	
Payments to Persons Assisting with Media Communications (Political Strategists, Pollsters, Consultants, etc.)	\$		

**Austin Lobby Quarterly Activity Report Termination Notice**  
**Lobbyist Quarterly Activity Report**

1 LOBBYIST NAME Myers, Alice	2 LOBBYIST ID 00090671	3 Total pages Schedule Report Termination:  Sch: 1/1 Rpt: 11/13
4 TERMINATING REPORT	<input type="checkbox"/> Terminate your registration with this activity report	

# Austin Lobby Quarterly Activity Report Correction Declaration

## Lobby Activity

### 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 this corrected report is true and correct to the best of my knowledge and belief and is filed no later than the fourteenth day after I, or the person responsible for filing the report, became aware of the error or omission giving rise to this corrected report, other than by being made aware of the error or omission by an audit of the City Auditor (pursuant to City Code Section 4-8-10) or by a complaint against me, the person responsible for filing the report, or the entity responsible for filing the report.

☐ Under penalty of perjury I swear or affirm that this corrected report is true and correct to the best of my knowledge and belief and that the following explanation describes how the error or omission was identified and the first date the error or admission was identified by the person(s) responsible for filing the corrected report.

☒ Under penalty of perjury, I swear or affirm that this corrected report is true and correct and based on my personal knowledge.

Alice Myers

\_\_\_\_\_  
Signature of Filer

**Austin Lobby Quarterly Activity Report File Declaration-Lobbyist**  
**Lobby Activity**  
**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.

Alice Myers

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Signature of Filer