

Austin Lobby Quarterly Activity Report Cover Sheet

FORM QAR
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI Mary S.	PAGE # 34			
	LAST; SUFFIX Nabers	ACCOUNT # 00090672			
2 EMPLOYING ENTITY	Entity/Organization Name Strategic Partnerships, Inc.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/11/2021 Receipt # <table border="1"> <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 901 S Mopac Bldg I #100 Austin, TX 78746				
	4 LOBBYIST BUSINESS MAILING ADDRESS 901 S Mopac Bldg I #100 Austin, TX 78746				

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

FORM QAR SCHEDULE Municipal Question

1 LOBBYIST NAME Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipal Question: Sch: 1/1 Rpt: 2/34
4 MUNICIPAL QUESTION	Meeting requests to demonstrate clients products or services.	
5 MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	The municipal question pertain to real property	
6 REAL PROPERTY	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP	
7 PROPERTY DESCRIPTION		

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Accessibility or Persons with Disabilities | <input type="checkbox"/> 14 Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> 26 Permits (Building, Site Plans) |
| <input type="checkbox"/> 2 Affordability | <input type="checkbox"/> 15 Finance, Budget, or Investments | <input type="checkbox"/> 27 Permits (Other) |
| <input type="checkbox"/> 3 Animals | <input type="checkbox"/> 16 Health, Healthcare, Mental Health, or Human Services | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 6 Aviation | <input type="checkbox"/> 19 Human Rights or Immigration | <input type="checkbox"/> 31 Real Estate |
| <input type="checkbox"/> 7 City Infrastructure or Public Works | <input type="checkbox"/> 20 Labor or Workforce | <input type="checkbox"/> 32 Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> 8 Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> 21 Land Development or Land Use | <input type="checkbox"/> 33 Taxation or Fees |
| <input type="checkbox"/> 9 Code Compliance | <input type="checkbox"/> 22 Municipal Court | <input checked="" type="checkbox"/> 34 Technology or Communications |
| <input checked="" type="checkbox"/> 10 Construction | <input type="checkbox"/> 23 Municipal Legislation | <input checked="" type="checkbox"/> 35 Transportation or Mobility |
| <input checked="" type="checkbox"/> 11 Contracts or Procurement | <input type="checkbox"/> 24 Neighborhoods | <input type="checkbox"/> 36 Zoning or Platting |
| <input type="checkbox"/> 12 Diversity, Equity, or Inclusion | <input checked="" 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 Nabers, Mary		2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 1/26 Rpt: 3/34
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 A T & T		
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 712 Huntland #329		
	Austin, TX 78752		
7 NATURE OF CLIENT'S BUSINESS	Telecommunications		

COMPENSATION OR REIMBURSEMENT

8 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	
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 2/26 Rpt: 4/34
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 Applications Software Technology LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 4343 Commerce Court #701 Lisle, IL 60532	
7 NATURE OF CLIENT'S BUSINESS	Software solutions	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 3/26 Rpt: 5/34
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 Aramark	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 2400 Market Street, 8th floor Philadelphia, PA 19103	
7 NATURE OF CLIENT'S BUSINESS	Food & Facility Services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 4/26 Rpt: 6/34
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 Bader Construction	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP PO Box 1044 Hondo, TX 78861	
7 NATURE OF CLIENT'S BUSINESS	Construction	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 5/26 Rpt: 7/34
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 Crowdstrike, Inc.	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 150 Mathilda Place #300 Sunnyvale, CA 94086	
7 NATURE OF CLIENT'S BUSINESS	Cybersecurity	

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 Nabers, Mary		2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 6/26 Rpt: 8/34
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 Cynergy Technology		
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP		
	3903 Timms Street Tyler, TX 75701		
7 NATURE OF CLIENT'S BUSINESS	Enterprise networks		

COMPENSATION OR REIMBURSEMENT

8 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	
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 7/26 Rpt: 9/34
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 Direct Care Innovations LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 5416 E Baseline Rd. #200 Mesa, AZ 85206	
7 NATURE OF CLIENT'S BUSINESS	Business management software	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 8/26 Rpt: 10/34
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 ECM International	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 404 Executive Center Blvd El Paso, TX 79902	
7 NATURE OF CLIENT'S BUSINESS	Project management	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 9/26 Rpt: 11/34
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 Gordian Group	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 30 Patewood Dr. #350. B;dg 2 Greenville, SC 29615	
7 NATURE OF CLIENT'S BUSINESS	Construction procurement solutions	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 10/26 Rpt: 12/34
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 GrantWorks, Inc.	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 2201 Northland Dr. Austin, TX 78756	
7 NATURE OF CLIENT'S BUSINESS	Business management	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 11/26 Rpt: 13/34
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 Halff Associates	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 8616 NW Plaza Dr. Dallas, TX 75225	
7 NATURE OF CLIENT'S BUSINESS	Engineering services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 12/26 Rpt: 14/34
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 JE Dunn Construction	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1001 Locust St. Kansas City, MO 64106	
7 NATURE OF CLIENT'S BUSINESS	Construction services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 13/26 Rpt: 15/34
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 McGough Construction Co.	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 4851 LBJ Freeway Dallas, TX 75244	
7 NATURE OF CLIENT'S BUSINESS	Construction	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 14/26 Rpt: 16/34
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 McKinstry	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 13465 Midway Rd #100 Dallas, TX 75244	
7 NATURE OF CLIENT'S BUSINESS	Facility services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 15/26 Rpt: 17/34
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 NEC Corporation of America	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 6335 N State Hwy 161 Irving, TX 75039	
7 NATURE OF CLIENT'S BUSINESS	Network solutions	

COMPENSATION OR REIMBURSEMENT

8 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	
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 16/26 Rpt: 18/34
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 OneStream Software LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 362 South Street Rochester, MI 48307	
7 NATURE OF CLIENT'S BUSINESS	Corporate performance management software	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 17/26 Rpt: 19/34
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 Pitney Bowes, Inc.	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1 Elmcroft Rd. Stamford, CT 06926	
7 NATURE OF CLIENT'S BUSINESS	Mailing services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 18/26 Rpt: 20/34
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 Rackspace	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1 Fanatical Place San Antonio, TX 78218	
7 NATURE OF CLIENT'S BUSINESS	Cloud Technology	

COMPENSATION OR REIMBURSEMENT

8 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	
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 19/26 Rpt: 21/34
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 Safebuilt LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 3755 Precision Dr. #140 Loveland, CO 80538	
7 NATURE OF CLIENT'S BUSINESS	Community development services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 20/26 Rpt: 22/34
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 Sanborn Map Company	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 1935 Jamboree Dr. #100 Colorado Springs, CO 80920	
7 NATURE OF CLIENT'S BUSINESS	Geospacial solutions	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 21/26 Rpt: 23/34
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 STEP CG, LLC	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 50 East River Center Blvd #900 Covington, KY 41011	
7 NATURE OF CLIENT'S BUSINESS	Network solutions	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 22/26 Rpt: 24/34
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 TaTa America International Corp	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 101 Park Avenue, 26th Floor New York, NY 10178	
7 NATURE OF CLIENT'S BUSINESS	IT consulting services	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 23/26 Rpt: 25/34
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 UiPath	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 90 Park Avenue, 20th floor	
	New York, NY 10016	
7 NATURE OF CLIENT'S BUSINESS	Advanced enterprise solutions	

COMPENSATION OR REIMBURSEMENT

8 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	
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 24/26 Rpt: 26/34
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 Unqork	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 114 Fifth Avenue New York, NY 10011	
7 NATURE OF CLIENT'S BUSINESS	Software solutions	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 25/26 Rpt: 27/34
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 VMWare	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP PO Box 51980 Palo Alto, CA 94303	
7 NATURE OF CLIENT'S BUSINESS	Cloud based modernization	

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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 26/26 Rpt: 28/34
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 Genlantis/FirstResponder Technologies	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 6044 cornerstone Court West Suite E San Diego, CA 92121	
7 NATURE OF CLIENT'S BUSINESS	Biotechnology products	

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 Employees and Associates

FORM QAR
Employee and Associate

1 LOBBYIST NAME Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipal Question: Sch: 1/2 Rpt: 29/34
4 NAME OF EMPLOYEE	Armstrong, Robert	
5 BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
6 OCCUPATION	Senior Consultant	
NAME OF EMPLOYEE	Stratigopoulos, John	
BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
OCCUPATION	Senior Consultant	
NAME OF EMPLOYEE	Rosi, Robin	
BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
OCCUPATION	Senior Consultant	
NAME OF EMPLOYEE	Zagon, Kyle	
BUSINESS ADDRESS	901 S Mopac Building I #100 Austin, TX 78746	
OCCUPATION	Consultant	
NAME OF EMPLOYEE	Loffredo, Sam	
BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
OCCUPATION	Consultant	
NAME OF EMPLOYEE	Parker, Mike	
BUSINESS ADDRESS	901 S Mopac Building I #100 Austin, TX 78746	
OCCUPATION	Managing Consultant	
NAME OF EMPLOYEE	Clennan, Kirk	
BUSINESS ADDRESS	901 S Mopac Bldg 1 Suite 100 Austin, TX 78746	
OCCUPATION	Managing Consultant	

Austin Lobby Quarterly Activity Report Employees and Associates

FORM QAR
Employee and Associate

1 LOBBYIST NAME Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 2/2 Rpt: 30/34
4 NAME OF EMPLOYEE	Baker, Jordan	
5 BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
6 OCCUPATION	Consultant	
NAME OF EMPLOYEE	Lockwood, Russ	
BUSINESS ADDRESS	901 S Mopac Building I #100 Austin, TX 78746	
OCCUPATION	Consultant	
NAME OF EMPLOYEE	Spence, Richard	
BUSINESS ADDRESS	901 S Mopac Bldg I #100 Austin, TX 78746	
OCCUPATION	Senior Consultant	

Austin Lobby Quarterly Activity Report Statement of No Activity-Lobbyists Registered Under a Business Entity Statement of No Activity

1 LOBBYIST NAME Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Municipla Question: Sch: 1/1 Rpt: 31/34
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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 am not aware of an exchange of money, goods, services, or anything of value in the amount of \$500 or more between the registrant with whom I am employed and a business entity with whom 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

Mary Nabers

Signature of Filer

Austin Lobby Quarterly Activity Report Expenditure Totals

FORM QAR
SCHEDULE Expenditure Totals

1 LOBBYIST NAME Nabers, Mary		2 LOBBYIST ID 00090672	3 Total pages Schedule Expenditure Totals: Sch: 1/1 Rpt: 32/34
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 Nabers, Mary	2 LOBBYIST ID 00090672	3 Total pages Schedule Report Termination: Sch: 1/1 Rpt: 33/34
4 TERMINATING REPORT	<input type="checkbox"/> Terminate your registration with this activity report	

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.

Mary Nabers

Signature of Filer