

Austin Lobby Quarterly Activity Report Cover Sheet

FORM QAR
COVER SHEET

1 LOBBYIST NAME	TITLE; FIRST; MI Lee	PAGE # 7		
	LAST; SUFFIX Leffingwell	ACCOUNT # 00090656		
2 EMPLOYING ENTITY	Entity/Organization Name	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 915 S College Georgetown, TX 78626			
4 LOBBYIST BUSINESS MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 915 S College Georgetown, TX 78626			
5 LOBBYIST REGISTERED UNDER BUSINESS ENTITY				

Austin Lobby Quarterly Activity Report Municipal

FORM QAR SCHEDULE Municipal Question

1 LOBBYIST NAME Leffingwell, Lee	2 LOBBYIST ID 00090656	3 Total pages Schedule Municipal Question: Sch: 1/1 Rpt: 2/7
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4 MUNICIPAL QUESTION	Transportation
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5 MUNICIPAL QUESTION PERTAINING TO REAL PROPERTY	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	
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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 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 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 type="checkbox"/> 34 Technology or Communications |
| <input type="checkbox"/> 10 Construction | <input type="checkbox"/> 23 Municipal Legislation | <input checked="" type="checkbox"/> 35 Transportation or Mobility |
| <input 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 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 Leffingwell, Lee	2 LOBBYIST ID 00090656	3 Total pages Schedule Municipla Question: Sch: 1/1 Rpt: 3/7
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 Lockwood, Andrews, Newman	
6 CLIENT OR ORGANIZATION ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP 8911 N. Capital of Texas Hwy. Bldg. 2 Suite 2300 Austin, TX 78759	
7 NATURE OF CLIENT'S BUSINESS	Engineering	

COMPENSATION OR REIMBURSEMENT

8 LEVEL OF COMPENSATION OR REIMBURSEMENT FOR LOBBYING	<input checked="" type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 50,000 - \$ 99,999	<input type="checkbox"/> \$ 400,000 - \$ 499,999
	<input 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 Statement of No Activity-Lobbyists

Statement of No Activity

1 LOBBYIST NAME Leffingwell, Lee	2 LOBBYIST ID 00090656	3 Total pages Schedule Municipla Question: Sch: 1/1 Rpt: 4/7
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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

Lee Leffingwell

Signature of Filer

Austin Lobby Quarterly Activity Report Expenditure Totals

FORM QAR
SCHEDULE Expenditure Totals

1 LOBBYIST NAME Leffingwell, Lee	2 LOBBYIST ID 00090656	3 Total pages Schedule Expenditure Totals: Sch: 1/1 Rpt: 5/7																				
4 EXPENDITURE TOTALS	<table><tr><td>Reimbursements to Others</td><td>\$</td></tr><tr><td>Food & Beverages</td><td>\$</td></tr><tr><td>Transportation & Lodging</td><td>\$</td></tr><tr><td>Gifts</td><td>\$</td></tr><tr><td>Entertainment</td><td>\$</td></tr><tr><td>Awards & Mementos</td><td>\$</td></tr><tr><td>Honorariums</td><td>\$</td></tr><tr><td>Made for the Attendance of Council Members at Charitable Events or Fundraisers</td><td>\$</td></tr><tr><td>Media Communications</td><td>\$</td></tr><tr><td>Payments to Persons Assisting with Media Communications (Political Strategists, Pollsters, Consultants, etc.)</td><td>\$</td></tr></table>		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.)	\$
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Austin Lobby Quarterly Activity Report Termination Notice
Lobbyist Quarterly Activity Report

1 LOBBYIST NAME Leffingwell, Lee	2 LOBBYIST ID 00090656	3 Total pages Schedule Report Termination: Sch: 1/1 Rpt: 6/7
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.

Lee Leffingwell

Signature of Filer