



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	Title First Name* ERIC Middle Last Name* deYOUNG Suffix ☐ My employer is a 501c(3) non-profit organization
EMPLOYING ENTITY	☐ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* 100 CONGRESS AVE Apartment or Suite Number STE 1300 City* AUSTIN State* TX Zip Code* 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 100 CONGRESS AVE Apartment or Suite Number STE 1300 City* AUSTIN State* TX Zip Code* 78701

* 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*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 70 PASCAL LANE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78746
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

Add Additional Municipal Question

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	721 CONGRESS AVE		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 8509 FM 969		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78724
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|--|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	4300 STAGGERBRUSH ROAD		
	City	State	Zip Code
	AUSTIN	TX	78749
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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	Address		Suite or Apartment Number
	710 WEST AVE		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address COLTON BLUFF SPRINGS RD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78744
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	6500 RR 2222		
	City	State	Zip Code
	AUSTIN	TX	78730
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☒ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☐ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	2300 CLOUD WAY		
	City	State	Zip Code
	AUSTIN	TX	78759
Property Legal Description			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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	Address		Suite or Apartment Number
	NW QUADRANT OF PEARCE LN & WOLF LN INT		
	City	State	Zip Code
	CEDAR CREEK	TX	78612
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
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	City	State	Zip Code
	Property Legal Description		
	LOT 1, PLEASANT HILL SUBDIVISION		

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- | | | |
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	City	State	Zip Code
	Property Legal Description		
	MCCORMICK RANCH ON LAKE AUSTIN		

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|---|--|--|
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| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 220 S. CONGRESS AVE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 823 CONGRESS AVE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Property Legal Description		
	PEARSON PLACE SECTION THREE		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	8701 MOPAC EXPRESSWAY		
	City	State	Zip Code
	AUSTIN	TX	78759
Property Legal Description			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	308 GUADALUPE STREET		
	City	State	Zip Code
	AUSTIN	TX	78701
Property Legal Description			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1800 WESTLAKE PASS		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78746
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5810 STEINER RANCH		
	City	State	Zip Code
	AUSTIN	TX	78732
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	7200 MOPAC EXPRESSWAY		
	City	State	Zip Code
	AUSTIN	TX	78731
Property Legal Description			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	610 E. 11TH STREET / 705 E. 12TH STREET		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 6001 AIRPORT ROAD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78752
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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	Address		Suite or Apartment Number
	City	State	Zip Code
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☐ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☐ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☒ Other: <input type="text" value="CODENEXT"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 425 W. RIVERSIDE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78704
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	916 CONGRESS		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1112 S. 8TH STREET		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78702
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 304 E. CESAR CHAVEZ		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1901 SAN ANTONIO STREET		
	City	State	Zip Code
	AUSTIN	TX	78705
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	S. CONGRESS AND RALPH ABLENADO		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	NW CORNER OF SLAUGHTER AND IH-35		
	City	State	Zip Code
	AUSTIN	TX	78745
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5210 N LAMAR BLVD		
	City	State	Zip Code
	AUSTIN	TX	78751
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☒ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☒ Other: <input type="text" value="INTERACTIVE WAYFINDING TECHNOLOGY"/> | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 413 NAVASOTA		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78702
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|--|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 8212 BARTON CLUB DR		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78735
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☐ Neighborhoods | ☒ Zoning or Platting |
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| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address OLD HWY 20		Suite or Apartment Number
	City MANOR	State TX	Zip Code 78653
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address E. STATE HWY 71		Suite or Apartment Number
	City DEL VALLE	State TX	Zip Code 78617
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
Property Legal Description			
LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6010			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☐ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☐ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	12971 POND SPRINGS ROAD		
	City	State	Zip Code
	AUSTIN	TX	78729
Property Legal Description			

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 508 WEST AVENUE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5521 Springdale Road		
	City	State	Zip Code
	AUSTIN	TX	78723
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 6301 FM 2222		Suite or Apartment Number
	City Austin	State TX	Zip Code 78737
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

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Delete this page



Lobbyist Reporting Form

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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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PACITTI																		
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> 300 W. 6TH STREET </td><td colspan="2"> STE 2300 </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> 78701 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		300 W. 6TH STREET	STE 2300		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
300 W. 6TH STREET	STE 2300																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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> \$0 </td><td>OR</td><td colspan="2"> </td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* Indicates a required field

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* NELSEN PARTNERS, 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>905 CONGRESS AVE</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		905 CONGRESS AVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
905 CONGRESS AVE																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$) Exact Amount					
\$0	OR						

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* KIPP AUSTIN																		
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>8509 FM 969</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>78724</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">EDUCATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		8509 FM 969			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78724	Nature of Client's Business*			EDUCATION		
Client Business Address*	Client Apartment or Suite Number																		
8509 FM 969																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78724																	
Nature of Client's Business*																			
EDUCATION																			

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Compensation Category*		(\$) Exact Amount					
\$0	OR						

* Indicates a required field

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GALLEGOS																		
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>5515 BALCONES DRIVE</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		5515 BALCONES DRIVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78731	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
5515 BALCONES DRIVE																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78731																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$) Exact Amount					
\$0	OR						

* Indicates a required field

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, 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>800 W. 6TH</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">TECHNOLOGY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		800 W. 6TH			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			TECHNOLOGY		
Client Business Address*	Client Apartment or Suite Number																		
800 W. 6TH																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
TECHNOLOGY																			

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CARMA TEXAS, 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>11501 ALTERRA PKWY</td><td colspan="2">STE 100</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>78758</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		11501 ALTERRA PKWY	STE 100		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78758	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
11501 ALTERRA PKWY	STE 100																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78758																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ENDEAVOR REAL ESTATE GROUP, LLC																		
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>500 W. 5TH STREET</td><td colspan="2">STE 700</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		500 W. 5TH STREET	STE 700		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
500 W. 5TH STREET	STE 700																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ORACLE																		
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> 9515 TOWNE CENTRE DR. </td><td colspan="2"> </td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td> SAN DIEGO </td><td> CA </td><td> 92121 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> SOFTWARE APPLICATIONS </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9515 TOWNE CENTRE DR.			Client City*	Client State*	Client Zip Code*	SAN DIEGO	CA	92121	Nature of Client's Business*			SOFTWARE APPLICATIONS		
Client Business Address*	Client Apartment or Suite Number																		
9515 TOWNE CENTRE DR.																			
Client City*	Client State*	Client Zip Code*																	
SAN DIEGO	CA	92121																	
Nature of Client's Business*																			
SOFTWARE APPLICATIONS																			

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

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.																		
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>1440 THE LAKES BLVD</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>PFLUGERVILLE</td><td>TX</td><td>78660</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1440 THE LAKES BLVD			Client City*	Client State*	Client Zip Code*	PFLUGERVILLE	TX	78660	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1440 THE LAKES BLVD																			
Client City*	Client State*	Client Zip Code*																	
PFLUGERVILLE	TX	78660																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$) Exact Amount					
\$0	OR						

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RYAN COMPANIES, 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>111 CONGRESS AVE</td><td colspan="2">STE 1850</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		111 CONGRESS AVE	STE 1850		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION		
Client Business Address*	Client Apartment or Suite Number																		
111 CONGRESS AVE	STE 1850																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION																			

Section 3b: Client Compensation

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, 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>11200 LAKELINE BLVD</td><td colspan="2">STE 150 A</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>78717</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		11200 LAKELINE BLVD	STE 150 A		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78717	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
11200 LAKELINE BLVD	STE 150 A																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78717																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
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Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* YETI COOLER, LLC																		
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>5301 SOUTHWEST PARKWAY</td><td colspan="2">STE 200</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>78735</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RETAILER</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		5301 SOUTHWEST PARKWAY	STE 200		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78735	Nature of Client's Business*			RETAILER		
Client Business Address*	Client Apartment or Suite Number																		
5301 SOUTHWEST PARKWAY	STE 200																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78735																	
Nature of Client's Business*																			
RETAILER																			

Section 3b: Client Compensation

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

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Add Another Client Page

Delete this page



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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BRICKMAN																		
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>2630 EXPOSITION BLVD</td><td colspan="2">STE 114</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2630 EXPOSITION BLVD	STE 114		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78703	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
2630 EXPOSITION BLVD	STE 114																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78703																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CENTURY LAND HOLDINGS LLC																		
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>6500 RIVER PLACE BLVD</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>78730</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		6500 RIVER PLACE BLVD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78730	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
6500 RIVER PLACE BLVD																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78730																	
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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* EURUS 8701 ATRIUM LLC																		
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>7200 N. MOPAC</td><td colspan="2">STE 450</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7200 N. MOPAC	STE 450		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78731	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
7200 N. MOPAC	STE 450																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78731																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* LINCOLN PROPERTY COMPANY																		
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> 2000 MCKINNEY AVE </td><td colspan="2"> STE 100 </td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td> DALLAS </td><td> TX </td><td> 75201 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2000 MCKINNEY AVE	STE 100		Client City*	Client State*	Client Zip Code*	DALLAS	TX	75201	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
2000 MCKINNEY AVE	STE 100																		
Client City*	Client State*	Client Zip Code*																	
DALLAS	TX	75201																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE																		
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>111 CONGRESS AVE</td><td colspan="2">STE 3000</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		111 CONGRESS AVE	STE 3000		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
111 CONGRESS AVE	STE 3000																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MU 15 INVESTMENTS, LTD.																		
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>7200 N. MOPAC</td><td colspan="2">STE 450</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>78731</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7200 N. MOPAC	STE 450		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78731	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
7200 N. MOPAC	STE 450																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78731																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE KURCEA COMPANY																		
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> 7200 N. MOPAC </td><td colspan="2"> STE 450 </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> 78731 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		7200 N. MOPAC	STE 450		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78731	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
7200 N. MOPAC	STE 450																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78731																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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> \$0 </td><td>OR</td><td colspan="2"> </td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Add Another Client Page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* VELOCITY CREDIT UNION																		
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>1717 W. 6TH STREET</td><td colspan="2">STE 400</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">FINANCIAL INSTITUTION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1717 W. 6TH STREET	STE 400		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78703	Nature of Client's Business*			FINANCIAL INSTITUTION		
Client Business Address*	Client Apartment or Suite Number																		
1717 W. 6TH STREET	STE 400																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78703																	
Nature of Client's Business*																			
FINANCIAL INSTITUTION																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC																		
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>4015 GUADALUPE ST.</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>78751</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4015 GUADALUPE ST.			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78751	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
4015 GUADALUPE ST.																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78751																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SEAMLESS CAPITAL, L.P.																		
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>4407 BEE CAVES RD</td><td colspan="2">STE 421</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4407 BEE CAVES RD	STE 421		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
4407 BEE CAVES RD	STE 421																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY																		
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>515 CONGRESS AVE</td><td colspan="2">STE 1300</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		515 CONGRESS AVE	STE 1300		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
515 CONGRESS AVE	STE 1300																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
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Compensation Category*		(\$)	Exact Amount						
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Add Another Client Page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MVA-916, LLC																		
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>515 CONGRESS AVE</td><td colspan="2">STE 1400</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		515 CONGRESS AVE	STE 1400		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
515 CONGRESS AVE	STE 1400																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
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Compensation Category*		(\$) Exact Amount					
\$0	OR						

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* DAVIS WAYNE FS, LLC																		
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>3821 JUNIPER TRACE</td><td colspan="2">STE 207</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>78738</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3821 JUNIPER TRACE	STE 207		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78738	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
3821 JUNIPER TRACE	STE 207																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78738																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* WHITE LODGING SERVICES 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>701 E. 83RD AVE</td><td colspan="2">STE 17</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>MERRILLVILLE</td><td>IN</td><td>46410</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		701 E. 83RD AVE	STE 17		Client City*	Client State*	Client Zip Code*	MERRILLVILLE	IN	46410	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
701 E. 83RD AVE	STE 17																		
Client City*	Client State*	Client Zip Code*																	
MERRILLVILLE	IN	46410																	
Nature of Client's Business*																			
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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BARSHOP & OLES COMPANY																		
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>801 CONGRESS AVE</td><td colspan="2">STE 300</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		801 CONGRESS AVE	STE 300		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
801 CONGRESS AVE	STE 300																		
Client City*	Client State*	Client Zip Code*																	
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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>P.O. BOX 1876</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>VICTORIA</td><td>TX</td><td colspan="2">77902</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			P.O. BOX 1876				Client City*	Client State*	Client Zip Code*		VICTORIA	TX	77902		Nature of Client's Business*				REAL ESTATE INVESTMENT/ DEVELOPMENT			
Client Business Address*	Client Apartment or Suite Number																								
P.O. BOX 1876																									
Client City*	Client State*	Client Zip Code*																							
VICTORIA	TX	77902																							
Nature of Client's Business*																									
REAL ESTATE INVESTMENT/ DEVELOPMENT																									

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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HEB GROCERY STORES																		
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> 646 SOUTH MAIN </td><td colspan="2"> </td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td> SAN ANTONIO </td><td> TX </td><td> 78204 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		646 SOUTH MAIN			Client City*	Client State*	Client Zip Code*	SAN ANTONIO	TX	78204	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
646 SOUTH MAIN																			
Client City*	Client State*	Client Zip Code*																	
SAN ANTONIO	TX	78204																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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> \$0 </td><td>OR</td><td colspan="2"> </td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* FASKEN OIL AND RANCH																		
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>3600 BEE CAVES ROAD</td><td colspan="2">STE 200</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3600 BEE CAVES ROAD	STE 200		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
3600 BEE CAVES ROAD	STE 200																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* OBMSMG LLC																		
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>250 N. HARTFORD AVE</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>COLUMBUS</td><td>OH</td><td>43222</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">TECHNOLOGY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		250 N. HARTFORD AVE			Client City*	Client State*	Client Zip Code*	COLUMBUS	OH	43222	Nature of Client's Business*			TECHNOLOGY		
Client Business Address*	Client Apartment or Suite Number																		
250 N. HARTFORD AVE																			
Client City*	Client State*	Client Zip Code*																	
COLUMBUS	OH	43222																	
Nature of Client's Business*																			
TECHNOLOGY																			

Section 3b: Client Compensation

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

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER																		
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>4001 MAPLE AVENUE</td><td colspan="2">STE 600</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75219</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">HOSPITALITY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4001 MAPLE AVENUE	STE 600		Client City*	Client State*	Client Zip Code*	DALLAS	TX	75219	Nature of Client's Business*			HOSPITALITY		
Client Business Address*	Client Apartment or Suite Number																		
4001 MAPLE AVENUE	STE 600																		
Client City*	Client State*	Client Zip Code*																	
DALLAS	TX	75219																	
Nature of Client's Business*																			
HOSPITALITY																			

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Compensation Category*		(\$) Exact Amount					
\$0	OR						

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Section 3: Client

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TITAN CAPITAL INVESTMENT GROUP, LLC																		
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>401 E. CITY AVE</td><td colspan="2">STE 812</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>BALA CYNWYD</td><td>PA</td><td>19004</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		401 E. CITY AVE	STE 812		Client City*	Client State*	Client Zip Code*	BALA CYNWYD	PA	19004	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
401 E. CITY AVE	STE 812																		
Client City*	Client State*	Client Zip Code*																	
BALA CYNWYD	PA	19004																	
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Compensation Category*		(\$)	Exact Amount						
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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GOVEIA COMMERCIAL REAL ESTATE																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>24855 DEL PRADO</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>DANA POINT</td><td>CA</td><td colspan="2">92629</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			24855 DEL PRADO				Client City*	Client State*	Client Zip Code*		DANA POINT	CA	92629		Nature of Client's Business*				REAL ESTATE INVESTMENT/ DEVELOPMENT			
Client Business Address*	Client Apartment or Suite Number																								
24855 DEL PRADO																									
Client City*	Client State*	Client Zip Code*																							
DANA POINT	CA	92629																							
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Compensation Category*		(\$)	Exact Amount						
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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HEB/ CHARLES BUTT (HOLDSWORTH CENTER)																		
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>646 SOUTH MAIN</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>SAN ANTONIO</td><td>TX</td><td>78204</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">EDUCATIONAL CENTER</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		646 SOUTH MAIN			Client City*	Client State*	Client Zip Code*	SAN ANTONIO	TX	78204	Nature of Client's Business*			EDUCATIONAL CENTER		
Client Business Address*	Client Apartment or Suite Number																		
646 SOUTH MAIN																			
Client City*	Client State*	Client Zip Code*																	
SAN ANTONIO	TX	78204																	
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EDUCATIONAL CENTER																			

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

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Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* 183 BLW, LP																		
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> PO BOX 9190 </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> 78766 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		PO BOX 9190			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78766	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
PO BOX 9190																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78766																	
Nature of Client's Business*																			
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Compensation Category*		(\$)	Exact Amount						
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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* 2501 W. BRAKER, L.P.																		
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>1601 MOPAC EXPRESSWAY</td><td colspan="2">STE 175</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1601 MOPAC EXPRESSWAY	STE 175		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1601 MOPAC EXPRESSWAY	STE 175																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
Nature of Client's Business*																			
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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ALLEGIANCE MOBILE 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>501 S. AUSTIN AVE</td><td colspan="2">STE 1310</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>GEORGETOWN</td><td>TX</td><td>78626</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		501 S. AUSTIN AVE	STE 1310		Client City*	Client State*	Client Zip Code*	GEORGETOWN	TX	78626	Nature of Client's Business*			AMBULATORY CARE		
Client Business Address*	Client Apartment or Suite Number																		
501 S. AUSTIN AVE	STE 1310																		
Client City*	Client State*	Client Zip Code*																	
GEORGETOWN	TX	78626																	
Nature of Client's Business*																			
AMBULATORY CARE																			

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN ACHIEVE SCHOOLS																		
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>5908 MANOR 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>78723</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">EDUCATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		5908 MANOR ROAD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78723	Nature of Client's Business*			EDUCATION		
Client Business Address*	Client Apartment or Suite Number																		
5908 MANOR ROAD																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78723																	
Nature of Client's Business*																			
EDUCATION																			

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BAPTIST CHURCH																		
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>823 CONGRESS AVE</td><td colspan="2">STE 111</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RELIGIOUS ASSEMBLY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		823 CONGRESS AVE	STE 111		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			RELIGIOUS ASSEMBLY		
Client Business Address*	Client Apartment or Suite Number																		
823 CONGRESS AVE	STE 111																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
RELIGIOUS ASSEMBLY																			

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BOARD OF REALTORS																		
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>4800 SPICEWOOD SPRINGS 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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RESIDENTIAL REAL ESTATE ORGANIZATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4800 SPICEWOOD SPRINGS RD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			RESIDENTIAL REAL ESTATE ORGANIZATION		
Client Business Address*	Client Apartment or Suite Number																		
4800 SPICEWOOD SPRINGS RD																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78759																	
Nature of Client's Business*																			
RESIDENTIAL REAL ESTATE ORGANIZATION																			

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN PARK, LLC																		
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>700 12TH STREET</td><td colspan="2">STE 220</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>GOLDEN</td><td>CO</td><td>80401</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		700 12TH STREET	STE 220		Client City*	Client State*	Client Zip Code*	GOLDEN	CO	80401	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
700 12TH STREET	STE 220																		
Client City*	Client State*	Client Zip Code*																	
GOLDEN	CO	80401																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BLENHEIM 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>4716 ST. JOHN'S DR</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75205</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4716 ST. JOHN'S DR			Client City*	Client State*	Client Zip Code*	DALLAS	TX	75205	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
4716 ST. JOHN'S DR																			
Client City*	Client State*	Client Zip Code*																	
DALLAS	TX	75205																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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

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Add Another Client Page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BROCK CONSULTING GROUP																		
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>PO BOX 160340</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>78716</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		PO BOX 160340			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78716	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
PO BOX 160340																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78716																	
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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC																		
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>823 CONGRESS AVE</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		823 CONGRESS AVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
823 CONGRESS AVE																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
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Compensation Category*		(\$) Exact Amount					
\$0	OR						

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CVR SHORELINE, L.P.																		
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>1601 S. MOPAC EXPRESSWAY</td><td colspan="2">STE D-175</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1601 S. MOPAC EXPRESSWAY	STE D-175		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1601 S. MOPAC EXPRESSWAY	STE D-175																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
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Lobbyist Reporting Form

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC																		
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>9606 N. MOPAC EXPRESSWAY</td><td colspan="2">STE 500</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9606 N. MOPAC EXPRESSWAY	STE 500		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
9606 N. MOPAC EXPRESSWAY	STE 500																		
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AUSTIN	TX	78759																	
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or Quarterly Activity Reporting

Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* DOWNTOWN AUSTIN ALLIANCE																		
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>211 E. 7TH STREET</td><td colspan="2">STE 818</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">ADVOCACY ORGANIZATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		211 E. 7TH STREET	STE 818		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			ADVOCACY ORGANIZATION		
Client Business Address*	Client Apartment or Suite Number																		
211 E. 7TH STREET	STE 818																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
ADVOCACY ORGANIZATION																			

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CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0</td><td>OR</td><td></td><td></td></tr></table> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	Compensation Category*		(\$)	Exact Amount	\$0	OR		
Compensation Category*		(\$)	Exact Amount						
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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GABLES RESIDENTIAL																		
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>608 AUSTIN CENTER BLVD</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>78751</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		608 AUSTIN CENTER BLVD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78751	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
608 AUSTIN CENTER BLVD																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78751																	
Nature of Client's Business*																			
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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																								
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HELPING HAND HOME FOR CHILDREN																								
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>3804 AVENUE B</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td colspan="2">78751</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">NON-PROFIT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number			3804 AVENUE B				Client City*	Client State*	Client Zip Code*		AUSTIN	TX	78751		Nature of Client's Business*				NON-PROFIT			
Client Business Address*	Client Apartment or Suite Number																								
3804 AVENUE B																									
Client City*	Client State*	Client Zip Code*																							
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HPI REAL ESTATE & SERVICES INVESTMENT																		
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>3600 N. CAPITAL OF TEXAS HWY</td><td colspan="2">BLDG B, STE 250</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3600 N. CAPITAL OF TEXAS HWY	BLDG B, STE 250		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
3600 N. CAPITAL OF TEXAS HWY	BLDG B, STE 250																		
Client City*	Client State*	Client Zip Code*																	
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* LAMBERT																		
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>1316 S. CONGRESS AVE</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>78704</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1316 S. CONGRESS AVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78704	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1316 S. CONGRESS AVE																			
Client City*	Client State*	Client Zip Code*																	
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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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC																		
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>225 N. COLUMBUS DRIVE</td><td colspan="2">STE 100</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>CHICAGO</td><td>IL</td><td>60601</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		225 N. COLUMBUS DRIVE	STE 100		Client City*	Client State*	Client Zip Code*	CHICAGO	IL	60601	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
225 N. COLUMBUS DRIVE	STE 100																		
Client City*	Client State*	Client Zip Code*																	
CHICAGO	IL	60601																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MEREDITH FAMILY REVOCABLE TRUST																		
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>248 ADDIE ROY RD</td><td colspan="2">STE C200</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		248 ADDIE ROY RD	STE C200		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
248 ADDIE ROY RD	STE C200																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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\$0	OR								

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC																		
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>8208 LONG CANYON</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>78730</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		8208 LONG CANYON			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78730	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
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Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78730																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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Section 3: Client

Section 3a: Client Information

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERITES I, L.P.																		
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>1411 SLEDGE DRIVE</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>78734</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1411 SLEDGE DRIVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78734	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PARKER																		
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> 4213 HIDDEN CANYON COVE </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> 78746 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> REAL ESTATE INVESTMENT/ DEVELOPMENT </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4213 HIDDEN CANYON COVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
4213 HIDDEN CANYON COVE																			
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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* POWERFIN PARTNERS																		
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>100 CONGRESS AVE</td><td colspan="2">17TH FLOOR</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		100 CONGRESS AVE	17TH FLOOR		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL																		
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>2614 EXPOSITION BLVD</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">EDUCATION</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2614 EXPOSITION BLVD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78703	Nature of Client's Business*			EDUCATION		
Client Business Address*	Client Apartment or Suite Number																		
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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>715 GOLF CREST LN</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>78734</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		715 GOLF CREST LN			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78734	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
715 GOLF CREST LN																			
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* REIT MANAGEMENT AND RESEARCH, LLC																		
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>255 WASHINGTON STREET</td><td colspan="2">STE 300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>NEWTON</td><td>MA</td><td>02458</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		255 WASHINGTON STREET	STE 300		Client City*	Client State*	Client Zip Code*	NEWTON	MA	02458	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
255 WASHINGTON STREET	STE 300																		
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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RICE																		
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>54 RAINEY ST</td><td colspan="2">#1004</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		54 RAINEY ST	#1004		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ROBINSON RANCH																		
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>PO BOX 9556</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>78766</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		PO BOX 9556			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78766	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RYAN STREET & ASSOCIATES																		
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>2414 EXPOSITION BLVD</td><td colspan="2">STE B-140</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>78703</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2414 EXPOSITION BLVD	STE B-140		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78703	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
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or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS																		
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>4501 SPRINGDALE 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>78723</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RESTAURANTS</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		4501 SPRINGDALE ROAD			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78723	Nature of Client's Business*			RESTAURANTS		
Client Business Address*	Client Apartment or Suite Number																		
4501 SPRINGDALE ROAD																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78723																	
Nature of Client's Business*																			
RESTAURANTS																			

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

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE BROHN GROUP																		
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>1550 TIMOTHY ROAD</td><td colspan="2">STE 201</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>ATHENS</td><td>GA</td><td>30606</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1550 TIMOTHY ROAD	STE 201		Client City*	Client State*	Client Zip Code*	ATHENS	GA	30606	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
1550 TIMOTHY ROAD	STE 201																		
Client City*	Client State*	Client Zip Code*																	
ATHENS	GA	30606																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE UNIVERSITY OF TEXAS SYSTEM																		
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> 201 WEST 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> 78701 </td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"> HIGHER EDUCATION </td></tr></table>	Client Business Address*	Client Apartment or Suite Number		201 WEST 7TH STREET			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			HIGHER EDUCATION		
Client Business Address*	Client Apartment or Suite Number																		
201 WEST 7TH STREET																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
HIGHER EDUCATION																			

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



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRAMMELL CROW																		
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>100 CONGRESS AVE</td><td colspan="2">STE 225</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>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		100 CONGRESS AVE	STE 225		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78701	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
100 CONGRESS AVE	STE 225																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78701																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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> Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	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

Page 111 of 128 Revised:
9/25/2017



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRAVIS HOTEL GROUP, LLC																		
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>2711 N HASKELL AVE</td><td colspan="2">STE 2800</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>DALLAS</td><td>TX</td><td>75204</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">HOSPITALITY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2711 N HASKELL AVE	STE 2800		Client City*	Client State*	Client Zip Code*	DALLAS	TX	75204	Nature of Client's Business*			HOSPITALITY		
Client Business Address*	Client Apartment or Suite Number																		
2711 N HASKELL AVE	STE 2800																		
Client City*	Client State*	Client Zip Code*																	
DALLAS	TX	75204																	
Nature of Client's Business*																			
HOSPITALITY																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRINE WOODS, LLC																		
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>13945 U.S. HWY 183 N</td><td colspan="2">STE D-190</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>78717</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		13945 U.S. HWY 183 N	STE D-190		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78717	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
13945 U.S. HWY 183 N	STE D-190																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78717																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, 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>8133 MESA DR.</td><td colspan="2">#206</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RESTAURANTS</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		8133 MESA DR.	#206		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			RESTAURANTS		
Client Business Address*	Client Apartment or Suite Number																		
8133 MESA DR.	#206																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78759																	
Nature of Client's Business*																			
RESTAURANTS																			

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

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Add Another Client Page

Delete this page

Page 114 of 128 Revised:
9/25/2017



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* W&G PARTNERSHIP																		
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>2801 VIA FORTUNA</td><td colspan="2">STE 525</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>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		2801 VIA FORTUNA	STE 525		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78746	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
2801 VIA FORTUNA	STE 525																		
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78746																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3: Client

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HYDE PARK BAPTIST CHURCH																		
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>3901 SPEEDWAY</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>78751</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">RELIGIOUS ASSEMBLY</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3901 SPEEDWAY			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78751	Nature of Client's Business*			RELIGIOUS ASSEMBLY		
Client Business Address*	Client Apartment or Suite Number																		
3901 SPEEDWAY																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78751																	
Nature of Client's Business*																			
RELIGIOUS ASSEMBLY																			

Section 3b: Client Compensation

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Compensation Category*	(\$)	Exact Amount					
\$0	OR						

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Add Another Client Page

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Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)																		
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>420 FIFTH AVENUE</td><td colspan="2">7TH FL</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>NEW YORK</td><td>NY</td><td>10018</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		420 FIFTH AVENUE	7TH FL		Client City*	Client State*	Client Zip Code*	NEW YORK	NY	10018	Nature of Client's Business*			DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES		
Client Business Address*	Client Apartment or Suite Number																		
420 FIFTH AVENUE	7TH FL																		
Client City*	Client State*	Client Zip Code*																	
NEW YORK	NY	10018																	
Nature of Client's Business*																			
DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES																			

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

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NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HI TECH AUTO GROUP																		
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>3800 SOUTHWEST FREEWAY</td><td colspan="2">STE 300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>HOUSTON</td><td>TX</td><td>77024</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		3800 SOUTHWEST FREEWAY	STE 300		Client City*	Client State*	Client Zip Code*	HOUSTON	TX	77024	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
3800 SOUTHWEST FREEWAY	STE 300																		
Client City*	Client State*	Client Zip Code*																	
HOUSTON	TX	77024																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

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Compensation Category*		(\$)	Exact Amount						
\$0	OR								

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CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MANIFOLD REAL ESTATE																		
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>PO BOX 200463</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>78720</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		PO BOX 200463			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78720	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
PO BOX 200463																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78720																	
Nature of Client's Business*																			
REAL ESTATE INVESTMENT/ DEVELOPMENT																			

Section 3b: Client Compensation

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



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC																		
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>1 BLACK & GOLD BLVD</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>COLUMBUS</td><td>OH</td><td>43211</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		1 BLACK & GOLD BLVD			Client City*	Client State*	Client Zip Code*	COLUMBUS	OH	43211	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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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>8140 N. MOPAC</td><td colspan="2">SUITE 4-145</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>78759</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		8140 N. MOPAC	SUITE 4-145		Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78759	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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Add Another Client Page

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* 2222 CAP. TEXAS, LLC																		
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>9811 KATY FREEWAY I</td><td colspan="2">STE 925</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>HOUSTON</td><td>TX</td><td>77024</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		9811 KATY FREEWAY I	STE 925		Client City*	Client State*	Client Zip Code*	HOUSTON	TX	77024	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
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Section 3b: Client Compensation

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* Indicates a required field

Add Another Client Page

Delete this page

Page 122 of 128 Revised:
9/25/2017



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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	☒ 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> </td><td> </td><td> </td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td> </td><td> </td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td> </td><td> </td><td></td></tr></table>	Title	First Name*	Middle				Last Name*	Suffix					Employer*	Occupation*				
Title	First Name*	Middle																	
Last Name*	Suffix																		
Employer*	Occupation*																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td> </td><td> </td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td> </td><td> </td></tr></table>	Business Address*	Apartment or Suite Number			City*	State* Zip Code*												
Business Address*	Apartment or Suite Number																		
City*	State* Zip Code*																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ 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)? If yes, describe the nature of their employment *required if the above box is checked <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td> </td><td> </td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member																
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		

* Indicates a required field

Add Another Employee Page

Delete this page

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9/25/2017



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

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

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

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

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	
	(\$) Food and Beverages	
	(\$) Transportation and Lodging	
	(\$) Gifts (other than Awards and Mementos)	
	(\$) Entertainment	
	(\$) Awards and Mementos	
	(\$) Honorariums	
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	
	(\$) Media Communications (broadcast, print, advertising, etc.)	
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

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 ☐ Payee is an individual	Organization Name or Payee Last Name, as applicable* ☐ This payee is a business or business interest of a City Official If yes, First Name of City Official Last Name of City Official Department of City Official Job Title of City Official
PAYEE ADDRESS	Payee Address/ PO Box* Payee City* Payee Apartment or Suite Number Payee State* Payee Zip Code*
EXPENDITURE DETAILS	(\$) Expenditure Amount* Expenditure Date* Category* Purpose of the Expenditure*

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



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.

ERIC deYOUNG

Typed Name

2/16/2018

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.