

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Office Use Only

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

	☐ 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						
REPORT TYPE *	$\hfill \square$ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:						
Check all that apply	☑ 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

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- 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 municip	bai Question, ciici	tile Auu Au	attional Municipal Question	button k	CIOW.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is		rtains to real property. *If ch				
OR	Address			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	70 PASCAL LANE						
	City			State		Zip Code	
	AUSTIN			TX		78746	
	Property Legal De	scription					
	Traperty Legal Le						
Subject Matter(s)*: Check all sub	ject matters that	apply to the r	nunicipal question above				
Accessibility or Persons with I	Disabilities		ental Matters, Air or Water r Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
		Finance, E	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals	☐ Animals		ealthcare, Mental Health, or ervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
Annexation			reservation		Public Utilities, Energy, Water, Solid W or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitalit Center	y, Tourism, Events, or Conventio	n 🗌	Quality of Life Affairs		
Aviation		Human Ri	ghts or Immigration	\boxtimes	□ Real Estate		
	Vorks	Labor or \	Vorkforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land Deven	elopment or Land Use	\boxtimes	Taxation or	Fees	
		Municipa Municipa	Court		Technology	or Communications	
		Municipa Municipa	Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbor	hoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, Rec	creation, Libraries, or Museums				
Economic Development		Other:					



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Human Services Emergency Planning and Respons	To report more than one municip	bai Question, click	tile Add A	duttional Municipal Question	button	JCIOW.		
Address Suite or Apartment Number		ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
OR LEGAL DESCRIPTION Tation City AUSTIN 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 Ouality, or Watershed Protection Affordability Affordability Finance, Budget, or Investments Permits (Building, Site Plans) Animals Health, Health, Healthcare, Mental Health, or Human Services Annexation Ants, Music, Film, Cultural or Creative Industries Hospitality, Tourism, Events, or Convention Center Aviation Human Rights or Immigration Real Estate City Infrastructure or Public Works Labor or Workforce Rules, Proposed Rules, or Rule Meterican Municipal Employment, or Retirement Systems Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums	PROPERTY ADDRESS	description is		pertains to real property. *If ch				
City State Zip Code	OR				Suite or	Apartment	Number	
Austin Property Legal Description Subject Matter(s)*: Check all subject matters that apply to the municipal question above	LEGAL DESCRIPTION	721 CONGRESS AV	/E					
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)		City			State		Zip Code	
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)		AUSTIN			TX		78701	
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)		Property Legal De	scription					
□ 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 Respons □ Annexation □ Historic Preservation □ Public Utilities, Energy, Water, So or Recycling □ Arts, Music, Film, Cultural or Creative Industries □ Hospitality, Tourism, Events, or Convention □ Quality of Life Affairs □ Aviation □ Human Rights or Immigration □ Real Estate □ Cityl Infrastructure or Public Works □ Labor or Workforce □ Rules, Proposed Rules, or Rule Material Returns or Fees □ 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			•					
Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Animals Health, Health, Healthcare, Mental Health, or Human Services Annexation Arts, Music, Film, Cultural or Creative Industries Aviation Human Rights or Immigration Aviation Human Rights or Immigration Cityl Infrastructure or Public Works Labor or Workforce Cityl Infrastructure or Public Works Land Development or Land Use Code Compliance Municipal Court Municipal Legislation Municipal Legislation Public Safety, Policy, Fire, EMS, or Emergency Planning and Respons Public Utilities, Energy, Water, So or Recycling Quality of Life Affairs Quality of Life Affairs Public Vitilities, Energy, Water, So or Recycling Quality of Life Affairs Labor or Workforce Real Estate Cityl Infrastructure or Public Works Labor or Workforce Aviation Real Estate Cityl Service, Municipal Employment, or Retirement Systems Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility Contracts or Procurement Neighborhoods Parks, Recreation, Libraries, or Museums	Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
☐ Animals ☐ Health, Healthcare, Mental Health, or Human Services ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Respons ☐ Annexation ☐ Historic Preservation ☐ Public Utilities, Energy, Water, So 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 Material Returns or Fees ☐ 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	Accessibility or Persons with I	Disabilities			\boxtimes	Permits (Bui	ilding, Site Plans)	
Human Services Annexation Historic Preservation Public Utilities, Energy, Water, So or Recycling				, Budget, or Investments	\boxtimes	Permits (Oth	her)	
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☐ Creative Industries ☐ Center ☐ Contracts or Procurement ☐ Contracts or Museums	Annexation			Preservation	\boxtimes	Public Utilities, Energy, Water, Solid W or Recycling		
				lity, Tourism, Events, or Conventic	on 🗌	Quality of Life Affairs		
□ 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	Aviation		☐ Human	Rights or Immigration				
Retirement Systems Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility Contracts or Procurement Neighborhoods Zoning or Platting Parks, Recreation, Libraries, or Museums	City Infrastructure or Public W	/orks	Labor or	r Workforce		Rules, Propo	osed Rules, or Rule Making	
 Construction ☐ Municipal Legislation ☐ Transportation or Mobility ☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting ☐ Diversity, Equity, or Inclusion ☐ Parks, Recreation, Libraries, or Museums 		yment, or	∠ Land Dealer	velopment or Land Use		Taxation or	Fees	
 ☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting ☐ Diversity, Equity, or Inclusion ☐ Parks, Recreation, Libraries, or Museums 	Code Compliance		Municip	al Court		Technology	or Communications	
 ☑ Diversity, Equity, or Inclusion ☑ Parks, Recreation, Libraries, or Museums 			Municip	al Legislation		Transportati	ion or Mobility	
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Economic Development Other:			Parks, R	ecreation, Libraries, or Museums				
			Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION* This municipal question pertains to real property. *If checked, either a property address	
PROPERTY ADDRESS OR LEGAL DESCRIPTION City City State Zip Code Address Suite or Apartment Number (City AUSTIN Property Legal Description Environmental Matters, Air or Water Ouality, or Watershed Protection Affordability Affordability Finance, Budget, or Investments Finance, Budget, or Investments Permits (Building, Site Pinance, Budget, or Investments) Animals Health, Health, Health, or Human Services Annexation Annexation Arts, Music, Film, Cultural or Creative Industries Aviation Human Rights or Immigration Aviation Human Rights or Immigration Real Estate City Infrastructure or Public Works Labor or Workforce Municipal Court Municipal Court Technology or Communicating or Platting Contracts or Procurement Neighborhoods Zoning or Platting	
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☐ Creative Industries ☐ Center ☐ Cudality of Life Alfalis ☐ Aviation ☐ Human Rights or Immigration ☐ Real Estate ☐ City Infrastructure or Public Works ☐ Labor or Workforce ☐ Rules, Proposed Rules, or Religency Proposed Rules, or Retirement Systems ☐ Code Compliance ☐ Municipal Court ☐ Technology or Communication or Mobil ☐ Construction ☐ Municipal Legislation ☐ Transportation or Mobil ☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting	Water, Solid Waste,
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Retirement Systems Code Compliance Municipal Court Technology or Communi Municipal Legislation Transportation or Mobil Contracts or Procurement Neighborhoods	or Rule Making
 ☐ Construction ☐ Municipal Legislation ☐ Transportation or Mobil ☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting ☐ Zoning or Platting ☐ Contracts or Procurement ☐ Neighborhoods ☐ Neighborhoods ☐ Zoning or Platting ☐ Contracts or Procurement ☐ Neighborhoods ☐ Neighborhoods ☐ Zoning or Platting ☐ Neighborhoods ☐ Neighbo	
☐ Contracts or Procurement ☐ Neighborhoods ☐ Zoning or Platting	nications
	ility
□ Diversity, Equity, or Inclusion □ Parks, Recreation, Libraries, or Museums	
Economic Development Other:	



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OR LEGAL DESCRIPTION Subject Matter(s)*: Check all sub		oal question pertains to real property. *	16 - L J J J. J. J	
LEGAL DESCRIPTION Subject Matter(s)*: Check all sub	Address			
Subject Matter(s)*: Check all sub	4300 STAGGERBR	DIISH DOAD	Suite or Apartment	Number
		NOSIT NOAD		
	City		State	Zip Code
	AUSTIN		TX	78749
	Property Legal De	escription		
Accessibility or Persons with I	ject matters that	t apply to the municipal question above		
	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)
			Permits (0	ther)
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response
Annexation			Public Utili or Recyclin	ties, Energy, Water, Solid Waste, g
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention	Life Affairs
Aviation		Human Rights or Immigration		3
	Vorks	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land Use		r Fees
Code Compliance		Municipal Court	Technolog	y or Communications
		Municipal Legislation		tion or Mobility
Contracts or Procurement		Neighborhoods		Platting
		Parks, Recreation, Libraries, or Museu	ıms	
⊠ Economic Development				



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PROPERTY ADDRESS	description is		ertains to real property. *If c				
OR	Address			Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	710 WEST AVE						
	City			State		Zip Code	
	AUSTIN			TX		78701	
	Property Legal De	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs	
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees	
		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	on or Mobility	
Contracts or Procurement		Neighbo Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
Economic Development		Other:					



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PROPERTY ADDRESS	description is		ertains to real property. *If c				
OR	Address	DINIOC DD		Suite or	Apartment N	lumber	
LEGAL DESCRIPTION	COLTON BLUFF SF	RINGS RD					
	City			State		Zip Code	
	AUSTIN			TX		78744	
	Property Legal De	escription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)	
		Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
☐ Animals		Health, I	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic	Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Wast	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion _	Quality of Li	fe Affairs	
Aviation		Human I	Rights or Immigration	\boxtimes	Real Estate		
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land De ∠ Land	velopment or Land Use	\boxtimes	Taxation or	Fees	
		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	rhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	3			
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*			EVELOPMENT								
	1—	pal guestion perta			ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	Address		ins to real property. *If che								
OR	6500 RR 2222			Suite of	Apartment N	iumbei					
LEGAL DESCRIPTION											
	City			State		Zip Code					
	AUSTIN			TX		78730					
	Property Legal D	escription									
Subject Matter(s)*: Check all su	ıbject matters tha	t apply to the mur	nicipal question above								
Accessibility or Persons with	n Disabilities		al Matters, Air or Water atershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)					
☐ Affordability		Finance, Bud	get, or Investments	\boxtimes	Permits (Oth	ner)					
☐ Animals		Health, Healt Human Servi	hcare, Mental Health, or ces		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response						
Annexation		Historic Prese	ervation	\boxtimes	Public Utilities, Energy, Water, Solid Water or Recycling						
Arts, Music, Film, Cultural o Creative Industries	r	Hospitality, T Center	ourism, Events, or Convention		Quality of Life Affairs						
Aviation		Human Right	s or Immigration	\boxtimes							
City Infrastructure or Public	Works	Labor or Wor	kforce	\boxtimes	Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Emp Retirement Systems	loyment, or	∠ Land Develop	oment or Land Use	\boxtimes	Taxation or I	Fees					
Code Compliance		Municipal Co	urt		Technology	or Communications					
		Municipal Leg	gislation	\boxtimes	Transportati	on or Mobility					
Contracts or Procurement		Neighborhoo	ds	\boxtimes	Zoning or Pla	atting					
Diversity, Equity, or Inclusio	n	Parks, Recrea	ition, Libraries, or Museums								
Economic Development		Other:									



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<u>'</u>	•					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT			
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop	
OR	2300 CLOUD WAY				- Apartment	varibei
LEGAL DESCRIPTION				J L		7. 0 1
	AUSTIN			State		Zip Code
	AUSTIN			TX		78759
	Property Legal Des	cription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convent	ion 🔲	Quality of Li	fe Affairs
☐ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate	
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes] Taxation or	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility
Contracts or Procurement		Neighbo Neighbo	orhoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S		
⊠ Economic Development		Other:				



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<u> </u>							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c				
OR	NW QUADRANT O	E DEADCE I N	8. WOLE IN INT		r Apartment N	iumbei	
LEGAL DESCRIPTION		I FLARUL LIN	& WOLI LIVIIVI				
	City			State		Zip Code	
	CEDAR CREEK			TX		78612	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic	Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs	
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land De	velopment or Land Use	\boxtimes	Taxation or	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo Neighbo	orhoods	\boxtimes	Zoning or Pl	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
⊠ Economic Development		Other:					



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To report more than one municip	Jai Question, click	tile Add A	aditional ividilicipal Question	Dutton L	CIOW.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT			
PROPERTY ADDRESS	description is		ertains to real property. *If ch			
OR	Address			Suite or	Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal De	scription				
	LOT 1, PLEASANT		SION			
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)
			Budget, or Investments	\boxtimes	Permits (Oth	ner)
Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation		Public Utilities or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventio	on 🗌	Quality of Lit	fe Affairs
Aviation		Human	Rights or Immigration		Real Estate	
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees
		Municip	al Court		Technology	or Communications
		Municip	al Legislation	\boxtimes	Transportati	on or Mobility
Contracts or Procurement		Neighbo Neighbo	rhoods	\boxtimes	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS									
OR	Address			Suite or	Apartment Number				
LEGAL DESCRIPTION									
	City			State	Zip Code				
	Property Legal De	escription							
	MCCORMICK RAI	NCH ON LAKE AUS	STIN						
Subject Matter(s)*: Check all sul	bject matters tha	t apply to the m	unicipal question above						
Accessibility or Persons with	Disabilities	Environme Quality, or	ntal Matters, Air or Water Watershed Protection	\boxtimes	Permits (Building, Site Plans)				
★ Affordability		Finance, Bu	udget, or Investments	\boxtimes	Permits (Other)				
Animals		Health, He	althcare, Mental Health, or vices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response				
Annexation		Historic Pro	eservation	\boxtimes	Public Utilities, Energy, Water, Solid Waste or Recycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality Center	, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs				
Aviation		Human Rig	hts or Immigration	\boxtimes	Real Estate				
	Works	Labor or W	/orkforce		Rules, Proposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development ∠ Land Develo	lopment or Land Use	\boxtimes	Taxation or Fees				
		Municipal	Court		Technology or Communications				
		Municipal	Legislation	\boxtimes	Transportation or Mobility				
Contracts or Procurement		Neighborh	oods	\boxtimes	Zoning or Platting				
Diversity, Equity, or Inclusion	1	Parks, Recr	reation, Libraries, or Museums						
		Other:							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipal description is		f checked, either a pro	checked, either a property address or legal				
OR	Address		Suite or Apartment	Number				
LEGAL DESCRIPTION	220 S. CONGRESS	AVE						
	City		State	Zip Code				
	AUSTIN		TX	78701				
	Property Legal Des	escription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)				
			Permits (O	ther)				
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation			Public Utili or Recyclin	ties, Energy, Water, Solid Waste, g				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve	ntion	ife Affairs				
□ Aviation		Human Rights or Immigration	Real Estate					
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	pyment, or	□ Land Development or Land Use	∑ Taxation or	Fees				
Code Compliance		Municipal Court	Technology	or Communications				
		Municipal Legislation		tion or Mobility				
Contracts or Procurement		Neighborhoods		Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ms					
⊠ Economic Development		Other:						



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· · · · · · · · · · · · · · · · · · ·							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municip	oal question pertains to real property. *I s required.	f checked, either a pro	perty address or legal			
OR	Address		Suite or Apartment	Number			
LEGAL DESCRIPTION	823 CONGRESS A	VE					
ELGAL DEGGAM FIGH	City		State	Zip Code			
	AUSTIN		TX	78701			
	Property Legal De	escription					
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above					
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)			
			Permits (01	ther)			
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response			
Annexation			Public Utilit or Recyclin	ties, Energy, Water, Solid Waste, g			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention Quality of L	ife Affairs			
Aviation		Human Rights or Immigration	Real Estate				
	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or		∑ Taxation or	Fees			
		Municipal Court	Technology	y or Communications			
		Municipal Legislation		tion or Mobility			
Contracts or Procurement		Neighborhoods		Platting			
		Parks, Recreation, Libraries, or Museu	ıms				
		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS			ertains to real property. *If ch		either a property address or legal Apartment Number			
OR								
LEGAL DESCRIPTION	City			State	Zip Code			
	Property Legal De	escription			[
	PEARSON PLACE							
Subject Matter(s)*: Check all su	higgs matters that	annly to the	municipal question above					
Subject Matter(s) : Check all Su	bject matters mai		• •					
Accessibility or Persons with	Disabilities	Environm Quality, o	ental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Building, Site Plans)			
		Finance,	Budget, or Investments	\boxtimes	Permits (Other)			
Animals		Health, H	ealthcare, Mental Health, or ervices		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annexation		⊠ Historic P	reservation	\boxtimes	Public Utilities, Energy, Water, Solid Waste or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitalit	ty, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs			
Aviation		Human R	ights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public	Works	Labor or	Workforce	\boxtimes	Rules, Proposed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Dev	elopment or Land Use	\boxtimes	Taxation or Fees			
		Municipa Municipa	l Court		Technology or Communications			
		Municipa Municipa	l Legislation	\boxtimes	Transportation or Mobility			
Contracts or Procurement		Neighbor Neighbor	hoods	\boxtimes	Zoning or Platting			
□ Diversity, Equity, or Inclusion	1	Parks, Re	creation, Libraries, or Museums					
		Other:						



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	·		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If c		either a prop	, c	
OR	8701 MOPAC EXPR	RESSWAY			, apartmont is		
LEGAL DESCRIPTION				C+-+-		7: 0- d-	
	City			State TX		Zip Code	
] ['^		78759	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventi	on _	Quality of Lif	fe Affairs	
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Def	evelopment or Land Use	\boxtimes	Taxation or I	Fees	
Code Compliance		Municip	pal Court		Technology	or Communications	
○ Construction		Municip	oal Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
Economic Development		Other:					



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<u>'</u>	•		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municipa description is		ertains to real property. *If c		either a prop		
OR	308 GUADALUPE S	TREET					
LEGAL DESCRIPTION	City			」 State		Zip Code	
	AUSTIN			TX		78701	
] [''		70701	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection		Permits (Bui	lding, Site Plans)	
		Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🗌	Quality of Li	fe Affairs	
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbor Neighbor	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S			
Economic Development		Other:					



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ro roport more than one manion	our Eucotion, onon	1110 714471	aditional Maniolpal Education	Duttonk	30.011.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	☐ This municipa description is		pertains to real property. *If ch	f checked, either a property address or legal Suite or Apartment Number				
OR	1800 WESTLAKE PA	22/		Juite of	7 par america	varibei		
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78746		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Wast		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convention	on	Quality of Li	fe Affairs		
☐ Aviation		☐ Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor o	r Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Decomposition	velopment or Land Use	\boxtimes	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT									
PROPERTY ADDRESS	I — ·	This municipal question pertains to real property. *If checked, either a property address or legal description is required.								
OR	Address		Suite or Apartment	Number						
LEGAL DESCRIPTION	5810 STEINER RAN	NCH								
220/12 2200/11/110/12	City		State	Zip Code						
	AUSTIN		TX	78732						
	Property Legal De	scription								
		•								
Subject Matter(s)*: Check all suk	ject matters that	apply to the municipal question above								
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)						
		Finance, Budget, or Investments	Permits (Ot	her)						
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ry, Policy, Fire, EMS, or Planning and Response						
Annexation			Public Utilit or Recycling	ies, Energy, Water, Solid Waste, J						
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on Quality of L	ife Affairs						
Aviation		Human Rights or Immigration	Real Estate							
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making						
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use		Fees						
		Municipal Court	Technology	or Communications						
		Municipal Legislation		tion or Mobility						
Contracts or Procurement		Neighborhoods	Zoning or P	latting						
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums								
⊠ Economic Development		Other:								



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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ro roport more than one manion	our Eucotion, onon	1110 714471	aditional Maniolpal Education	Dutton	3010111		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If ch		either a prop	, c	
OR	7200 MOPAC EXPR	ESSWAY					
LEGAL DESCRIPTION	City			State		Zip Code	
	AUSTIN			TX		78731	
						70731	
	Property Legal Des	cription					
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)	
		Finance	, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Convention	on 🔲	Quality of Li	fe Affairs	
□ Aviation		☐ Human	Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public W	Vorks	Labor o	r Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land Decomposition ∠ Land Decom	evelopment or Land Use		Taxation or I	Fees	
Code Compliance		Municip	al Court		Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		⊠ Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums				
Economic Development		Other:					



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<u> </u>	•		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipa description is		ertains to real property. *If c					
OR	610 E. 11TH STREE	T / 705 E 12	TU CTDEET	Suite of	Suite or Apartment Number			
LEGAL DESCRIPTION	OIUE. IIIII SIKEE	1 / 703 E. 12	ITT SIKEET					
	City			State		Zip Code		
	AUSTIN			TX		78701		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🗀	Quality of Li	fe Affairs		
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo Neighbo	orhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5				
⊠ Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipal description is		ertains to real property. *If c					
OR		AD		Suite of	Apartment N	lumber		
LEGAL DESCRIPTION	6001 AIRPORT RO	AD						
	City			State		Zip Code		
	AUSTIN			TX		78752		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environn Quality,	nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
		Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Animals		Health, H	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic F	Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospitali Center	ty, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs		
Aviation		Human R	Rights or Immigration	\boxtimes	Real Estate			
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Devel ∠ Land Devel	velopment or Land Use	\boxtimes	Taxation or I	Fees		
		Municipa	al Court		Technology	or Communications		
		Municipa	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbor	rhoods	\boxtimes	Zoning or Pla	atting		
		Parks, Re	ecreation, Libraries, or Museums	5				
Economic Development		Other:						



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To Toport Moro than one Manier	our Eucotion, onci	tine maant	autional maniopal edestion		70.0111				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	☐ This municipates description is		either a prop	erty address or legal					
OR	Address			Suite or	Apartment N	lumber			
LEGAL DESCRIPTION									
	City			State		Zip Code			
	Property Legal De	scription							
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above						
Accessibility or Persons with I	Disabilities	Environr Quality,	nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)			
Affordability			Budget, or Investments	\boxtimes	Permits (Oth	ner)			
Animals		Health, I	Healthcare, Mental Health, or Services			, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic	Preservation	\boxtimes	Public Utilitie or Recycling	es, Energy, Water, Solid Waste			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventio	n 🗌	Quality of Life	fe Affairs			
Aviation		Human I	Rights or Immigration	\boxtimes	Real Estate				
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Propo	sed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees			
		Municip	al Court		Technology	or Communications			
		Municip	al Legislation	\boxtimes	Transportati	on or Mobility			
Contracts or Procurement		Neighbo Neighbo	rhoods	\boxtimes	Zoning or Pla	atting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums						
Economic Development		Other:	CODENEXT						



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ro roport more than one manion	our Question, ener	1110 714471	dartional indinoipal Edostion	Duttonk	3010111					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	This municipa description is Address		pertains to real property. *If ch		either a prop	, o				
OR	425 W. RIVERSIDE									
LEGAL DESCRIPTION		_				7: 0 1				
	City			State		Zip Code				
	AUSTIN			TX		78704				
	Property Legal Des	cription					_			
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	e municipal question above							
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)				
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)				
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response				
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	ies, Energy, Water, Solid Was	te,			
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	on	Quality of Life Affairs					
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate					
City Infrastructure or Public W	Vorks	Labor o	r Workforce	\boxtimes	Rules, Proposed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land Deligation ☐	evelopment or Land Use	\boxtimes	Taxation or I	Fees				
Code Compliance		Municip	oal Court		Technology	or Communications				
		Municip	oal Legislation	\boxtimes	Transportati	ion or Mobility				
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pla	atting				
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums							
Economic Development		Other:								



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<u>'</u>	•								
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAI	ND DEVELOPMENT						
PROPERTY ADDRESS	description is	 ∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 							
OR	916 CONGRESS			Suite of	г Арагипени к	lumber			
LEGAL DESCRIPTION	9 TO CONGRESS								
	City			State		Zip Code			
	AUSTIN			TX		78701			
	Property Legal Des	cription							
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above						
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)			
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)			
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response			
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste			
☐ Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convent	ion _	Quality of Life Affairs				
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate				
City Infrastructure or Public V	Vorks	Labor o	r Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land Dealer ∠ L	evelopment or Land Use	\boxtimes					
Code Compliance		Municip	oal Court		Technology	or Communications			
		Municip	oal Legislation	\boxtimes	Transportati	ion or Mobility			
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pla	atting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum:	S					
⊠ Economic Development		Other:							



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<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ND DEVELOPMENT						
PROPERTY ADDRESS	I — ·	This municipal question pertains to real property. *If checked, either a property address or legal description is required. Suite or Apartment Number							
OR	1112 S. 8TH STREE	 Т			- Apartmont I	Turnio i			
LEGAL DESCRIPTION				C+-+-		7:- C- d-			
	City			State TX		Zip Code			
] [1		78702			
	Property Legal Des	cription							
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above						
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)			
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)			
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response			
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Wast			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion	Quality of Life Affairs				
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate				
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes] Taxation or	Fees			
Code Compliance		Municip	al Court		Technology	or Communications			
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility			
Contracts or Procurement		Neighbor Neighbor	orhoods	\boxtimes	Zoning or Pla	atting			
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S					
Economic Development		Other:							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description is	'						
OR	Address 304 E. CESAR CHAV				Suite or Apartment Number			
LEGAL DESCRIPTION	304 E. CESAR CHAN	J4 E. CESAR CHAVEZ						
	City			State		Zip Code		
	AUSTIN			TX		78701		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to t	he municipal question above					
Accessibility or Persons with I	Disabilities	Envir Quali	onmental Matters, Air or Water ty, or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			ice, Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals			h, Healthcare, Mental Health, or an Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			ric Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		☐ Hosp Cente	itality, Tourism, Events, or Conventi er	on _	Quality of Li	fe Affairs		
□ Aviation		Huma	an Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public W	Vorks	Labo	r or Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land	Development or Land Use	\boxtimes] Taxation or I	Fees		
Code Compliance		☐ Muni	cipal Court		Technology	or Communications		
		☐ Muni	cipal Legislation	\boxtimes] Transportati	ion or Mobility		
Contracts or Procurement		⊠ Neigh	nborhoods	\boxtimes] Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks	s, Recreation, Libraries, or Museums	6				
Economic Development		Othe	r:					



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	· · · · · · · · · · · · · · · · · · ·							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	This municipal description is		ertains to real property. *If c					
OR		IO STREET			Suite or Apartment Number			
LEGAL DESCRIPTION	1901 SAN ANTON	IIO STREET						
	City			State		Zip Code		
	AUSTIN			TX		78705		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Animals		Health, I	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utilities, Energy, Water, Solid Vor Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Life Affairs			
☐ Aviation		Human I	Rights or Immigration	\boxtimes	Real Estate			
	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	on or Mobility		
Contracts or Procurement		Neighbor Neighbor	rhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	i				
Economic Development		Other:						



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			'					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is		ertains to real property. *If cl					
OR	Address				Suite or Apartment Number			
LEGAL DESCRIPTION	S. CONGRESS AND	D RALPH ABLENADO						
	City			State		Zip Code		
	AUSTIN	AUSTIN				78701		
	Property Legal De	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Accessibility or Persons with Disabilities		nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Animals		Health, H	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic	Preservation	\boxtimes	Public Utilities, Energy, Water, Solid V or Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Life Affairs			
Aviation		Human F	Rights or Immigration	\boxtimes	Real Estate			
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Der	velopment or Land Use	\boxtimes	Taxation or I	Fees		
		Municipa	al Court		Technology	or Communications		
		Municipa	al Legislation	\boxtimes	Transportati	on or Mobility		
Contracts or Procurement		Neighbo	rhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, Re	ecreation, Libraries, or Museums					
Economic Development		Other:						



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to report more than one municip	pai Question, click	tile Add A	aditional Municipal Question	button	CIOW.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT				
PROPERTY ADDRESS	☐ This municipa description is		ertains to real property. *If cl		either a prop Apartment N	, ,	
OR		LAUGHTER AND IH-35			7 par timent 14		
LEGAL DESCRIPTION		[7in Codo	
	AUSTIN			State TX		Zip Code 78745	
				<u> </u>		70745	
	Property Legal Des	cription					
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Buil	ding, Site Plans)	
		Finance,	Budget, or Investments	\boxtimes	Permits (Oth	er)	
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			r, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid	l Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Lif	e Affairs	
☐ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	sed Rules, or Rule Mak	ing
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land De	velopment or Land Use	\boxtimes	Taxation or F	ees	
Code Compliance		Municip	al Court		Technology of	or Communications	
		Municip	al Legislation	\boxtimes	Transportation	on or Mobility	
Contracts or Procurement		⊠ Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums				
Economic Development		Other:					



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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is	 This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 						
OR	5210 N LAMAR BL\	/D			ПАрагипент	idilibei		
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78751		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion 🗌	Quality of Life Affairs			
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbor Neighbor	rhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT		
PROPERTY ADDRESS	description is		ertains to real property. *If ch		either a property address or legal
OR	Address			Suite or	Apartment Number
LEGAL DESCRIPTION					
	City			State	Zip Code
	Property Legal Des	cription			
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above		
Accessibility or Persons with I	Disabilities	Environr Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Building, Site Plans)
		Finance,	Budget, or Investments	\boxtimes	Permits (Other)
Animals		Health, I	Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation		Historic	Preservation	\boxtimes	Public Utilities, Energy, Water, Solid Waste or Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventio	on	Quality of Life Affairs
Aviation		Human I	Rights or Immigration	\boxtimes	Real Estate
	Vorks	Labor or	Workforce	\boxtimes	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or Fees
Code Compliance		Municip	al Court	\boxtimes	Technology or Communications
		Municip	al Legislation	\boxtimes	Transportation or Mobility
Contracts or Procurement		Neighbo	rhoods		Zoning or Platting
∑ Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums		
		Other:	INTERACTIVE WAYFINDING TE	CHNOLO	OGY



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description is	·						
OR	Address 413 NAVASOTA	20			uite or Apartment Number			
LEGAL DESCRIPTION								
	City			State		Zip Code		
	AUSTIN			TX		78702		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that	apply to	the municipal question above					
Accessibility or Persons with [Disabilities	Env Qua	vironmental Matters, Air or Water ality, or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
		⊠ Fina	ance, Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Animals			alth, Healthcare, Mental Health, or man Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		⊠ Hist	toric Preservation	\boxtimes	Public Utilition or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		☐ Hos	spitality, Tourism, Events, or Conventic nter	on	Quality of Lif	fe Affairs		
☐ Aviation		☐ Hur	man Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public W	Vorks	Lab	oor or Workforce	\boxtimes	Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	⊠ Lan	d Development or Land Use	X] Taxation or I	Fees		
Code Compliance		☐ Mu	nicipal Court] Technology	or Communications		
		☐ Mu	nicipal Legislation	\boxtimes	Transportati	on or Mobility		
Contracts or Procurement		⊠ Nei	ghborhoods	\times	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Par	ks, Recreation, Libraries, or Museums					
Economic Development		Oth	ner:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

	•		<u> </u>				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REI	ATED TO LAI	ND DEVELOPMENT				
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If c		either a prop		
OR	8212 BARTON CLU	B DR]			
LEGAL DESCRIPTION				Ctata		7in Codo	
	City			State TX		Zip Code 78735	
] ['^		76733	
	Property Legal Des	scription					
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environ Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation		Public Utilities or Recycling	es, Energy, Water, Solid Wast	
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventi	ion 🔲	Quality of Life Affairs		
Aviation		Human	Rights or Immigration		Real Estate		
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land Dealer	evelopment or Land Use		Taxation or I	Fees	
Code Compliance		Municip	oal Court		Technology	or Communications	
○ Construction		Municip	oal Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	5			
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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.

<u>'</u>	· · · · · · · · · · · · · · · · · · ·							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ATED TO LAN	ID DEVELOPMENT					
PROPERTY ADDRESS	description is	·						
OR	Address				Suite or Apartment Number			
LEGAL DESCRIPTION	OLD HWY 20							
	City			State		Zip Code		
	MANOR			TX		78653		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
			Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🔲	Quality of Life Affairs			
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use		Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		⊠ Neighbo	rhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						

9/25/2017



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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<u>'</u>	•							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	 ∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 							
OR	E. STATE HWY 71				- Apartmont	14111201		
LEGAL DESCRIPTION				C+-+-		7in Code		
	City DEL VALLE			State TX		Zip Code 78617		
] [1^		78017		
	Property Legal Des	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above					
Accessibility or Persons with I	Disabilities	⊠ Environ Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	ies, Energy, Water, Solid Was		
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convent	ion	Quality of Li	fe Affairs		
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor o	r Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land Dealer ∠ L	evelopment or Land Use	\boxtimes] Taxation or	Fees		
Code Compliance		Municip	pal Court] Technology	or Communications		
		Municip	oal Legislation	\boxtimes	Transportat	ion or Mobility		
Contracts or Procurement		Neighbo	orhoods	\boxtimes	Zoning or Pl	atting		
Diversity, Equity, or Inclusion		Parks, R	Recreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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	•						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.						
OR	Address			Suite o	r Apartment N	lumber	
LEGAL DESCRIPTION							
	City			State		Zip Code	
	Property Legal Des	cription					
		-	AIN VIEW & PT LOT 1 & LOT 2 BE	I VINI M F	SLIBU 8. VBC 8		
	LOT 1-2 BER A ALL	MAIN WOON	AIN VIEW & FILOT T& LOT 2 DE	LVIIVIVI L	3000 & AD3 0	0 30K 73 BELE AL AGK 10.0010	
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above				
Accessibility or Persons with I	Disabilities	Environi Quality,	nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
		∑ Finance,	Budget, or Investments	\times	Permits (Oth	ner)	
Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation			Preservation	X	Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Convent	ion _	Quality of Li	fe Affairs	
Aviation		Human	Rights or Immigration	\boxtimes	Real Estate		
	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes] Taxation or I	Fees	
		Municip	al Court] Technology	or Communications	
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts or Procurement		Neighbo Neighbo	rhoods	\boxtimes	Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museum	S			
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES					
PROPERTY ADDRESS	 This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 					
OR	Audi ess				Apartment	
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal Des	scription				
		·				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above			
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)
Affordability			Budget, or Investments	\boxtimes	Permits (Oth	ner)
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation	\boxtimes	Public Utilitie or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Lit	fe Affairs
☐ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate	
	Vorks	Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo	yment, or		velopment or Land Use	\boxtimes	Taxation or I	Fees
Code Compliance		Municip	al Court		Technology	or Communications
		Municip	al Legislation	\boxtimes	Transportati	on or Mobility
Contracts or Procurement		Neighbo Neighbo	rhoods	\boxtimes	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	6		
Economic Development		Other:				



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<u> </u>	•							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	 ☑ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 							
OR	12971 POND SPRIN	IGS ROAD			- Apartment			
LEGAL DESCRIPTION				J L		7. 0. 1		
	City			State		Zip Code		
	AUSTIN			TX		78729		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
		Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health, Human	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
☐ Arts, Music, Film, Cultural or Creative Industries		Hospital Center	ity, Tourism, Events, or Conventi	ion 🔲	Quality of Li	fe Affairs		
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∑ Land De	velopment or Land Use	\boxtimes	Taxation or I	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo Neighbo	orhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	S				
⊠ Economic Development		Other:						



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<u>'</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address 508 WEST AVENUE	<u> </u>			r Apartment N	vumbei		
LEGAL DESCRIPTION	306 WEST AVENUE	-						
	City			State		Zip Code		
	AUSTIN			TX		78701		
	Property Legal Des	cription						
Subject Matter(s)*: Check all sub	ject matters that a	apply to the	municipal question above					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
			, Budget, or Investments	\boxtimes	Permits (Oth	ner)		
☐ Animals		Health,	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Wasto		
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventi	ion	Quality of Li	fe Affairs		
□ Aviation		Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∑ Land De	velopment or Land Use	\boxtimes] Taxation or	Fees		
Code Compliance		Municip	al Court		Technology	or Communications		
		Municip	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Procurement		Neighbo Neighbo	orhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums	6				
Economic Development		Other:						



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-								
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REI	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address		Suite or Apartment	Suite or Apartment Number				
LEGAL DESCRIPTION	5521 Springdale R	Road						
	City		State	Zip Code				
	AUSTIN		TX	78723				
	Property Legal Des	escription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bo	uilding, Site Plans)				
		Finance, Budget, or Investments	Permits (O	ther)				
☐ Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response				
Annexation			Public Utili or Recyclin	ties, Energy, Water, Solid Waste, g				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conven	ntion	Life Affairs				
Aviation		Human Rights or Immigration		•				
	Vorks	Labor or Workforce	Rules, Prop	oosed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	yment, or		∑ Taxation of the last of the las	Fees				
Code Compliance		Municipal Court	Technology	y or Communications				
		Municipal Legislation		tion or Mobility				
Contracts or Procurement		Neighborhoods ■ Neighborhoods Neighborhoods Neighborhoods ■ Neighborhoods Neighborhoods Neighborhoods Neighborhoods Neighborhoods Neighborhoods Neighborhoods Neighborhoods Neighborh	Zoning or F	Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ns					
⊠ Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS REL	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address		Suite or Apartm	lent Number				
LEGAL DESCRIPTION	6301 FM 2222							
	City		State	Zip Code				
	Austin		TX	78737				
	Property Legal Des	scription						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above						
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permit:	s (Building, Site Plans)				
		Finance, Budget, or Investments	Permit	s (Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		Safety, Policy, Fire, EMS, or ency Planning and Response				
Annexation			Public or Recy	Utilities, Energy, Water, Solid Waste, ¿cling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conver Center	ntion	of Life Affairs				
Aviation		Human Rights or Immigration		tate				
	Vorks	Labor or Workforce	Rules, I	Proposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	yment, or	□ Land Development or Land Use	∑ Taxation	on or Fees				
		Municipal Court	Techno	ology or Communications				
		Municipal Legislation		ortation or Mobility				
Contracts or Procurement		Neighborhoods		or Platting				
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ms					
Economic Development		Other:						



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	Client Business Address* 300 W. 6TH STREET Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o STE 2300 Client State* TX	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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*			
	NELSEN PARTNERS, INC			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 905 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o Client State* TX	r Suite Number Client Zip Code* 78701	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount			
CLIENT	less than \$10,000	OR				
COMPENSATION						
	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):					
*						

* Indicates a required field

Add Another Client Page



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.

I represented no clients and received no client compensation during the applicable reporting period				
Organization Name or Client Last Name, as applicable*				
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				
	Organization Name or Client Last Name, as applicable* KIPP AUSTIN Client Business Address* 8509 FM 969 Client City* AUSTIN Nature of Client's Business*	Organization Name or Client Last Name, as applicable* KIPP AUSTIN Client Business Address* Client Apartment or 8509 FM 969 Client City* AUSTIN TX Nature of Client's Business*		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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 in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*		
	GALLEGOS		
	Client Business Address* 5515 BALCONES DRIVE	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78731
NATURE OF	Nature of Client's Business*		
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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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.

$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
Organization Name or Client Last Name, as applicable*		
CIRRUS LOGIC, INC		
Client Business Address* 800 W. 6TH	Client Apartment or	Suite Number
Client City*	Client State*	Client Zip Code*
AUSTIN	TX	78701
NATURE OF Nature of Client's Business*		
TECHNOLOGY		
	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, INC Client Business Address* 800 W. 6TH Client City* AUSTIN Nature of Client's Business*	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, INC Client Business Address* Client Apartment or 800 W. 6TH Client City* AUSTIN Nature of Client's Business*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
•	\$0	OR	
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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		
0.151.7	Client Business Address* 11501 ALTERRA PKWY	Client Apartment o	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78758
NATURE OF BUSINESS	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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	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 inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address* 500 W. 5TH STREET	Client Apartment of	r Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF BUSINESS	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 Category*	1	(\$) Exact Amount	
OLILIVI	less than \$10,000	OR		
COMPENSATION		-		
	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 in	nformation,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



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*		
	Organization Name of Cheft Last Name, as applicable		
	ORACLE		
	Client Business Address*	Client Apartment or	Suite Number
OUENT	9515 TOWNE CENTRE DR.		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	SAN DIEGO	CA	92121
NATURE OF	Nature of Client's Business*		
BUSINESS	SOFTWARE APPLICATIONS		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe	nsation a	amount is required
	for compensation totaling \$500,000 or more.	i isation t	amount is required
	If you fail to provide the above Client Compensation in	formation	nrovide vour reason(s) (250 char, max)
	ii you tall to provide the above cheft compensation in	TOTTIACION	, provide your reason(s) (230 char. max).
*			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*		
onent is an individual	QUALICO CR, L.P.		
	Client Business Address* 1440 THE LAKES BLVD	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	PFLUGERVILLE	TX	78660
NATURE OF	Nature of Client's Business*		
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.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* Indicator a naminal field			

* Indicates a required field

Add Another Client Page



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*			
onent is an individual	organization Name of Cheft East Name, as applicable			
	RYAN COMPANIES, INC.			
	Client Business Address*	Client Apartment or	Suite Number	
0	111 CONGRESS AVE	STE 1850		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION			
			,	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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*			
	TAYLOR MORRISON OF TEXAS, INC.			
	Client Business Address*	Client Apartment o	or Suite Number	
	11200 LAKELINE BLVD	STE 150 A		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78717	
NATURE OF	Nature of Client's Business*			
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.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



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*			
	YETI COOLER, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	5301 SOUTHWEST PARKWAY	STE 200		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78735	
NATURE OF	Nature of Client's Business*			
BUSINESS	RETAILER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* In discase a supervisor of Godel			

* Indicates a required field

Add Another Client Page



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			
	T			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	BRICKMAN			
CLIENT	Client Business Address* 2630 EXPOSITION BLVD	Client Apartment o	or Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	AUSTIN	TX	7 <u> </u>	
AND	AUSTIN		78703	
NATURE OF	Nature of Client's Business*			
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.

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

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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	Client Business Address* 6500 RIVER PLACE BLVD Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State*	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



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*			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 7200 N. MOPAC Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 450 Client State * TX	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*			
Gliciti is all individual	LINCOLN PROPERTY COMPANY			
	Client Business Address* 2000 MCKINNEY AVE	Client Apartment o	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* DALLAS	Client State*	Client Zip Code* 75201	
	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 Category*	1	(\$) Exact Amount
OLILIVI	less than \$10,000	OR	
COMPENSATION		-	
	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 ir	nformation,	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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*		
	MCHALE		
CLIENT	Client Business Address* 111 CONGRESS AVE	Client Apartment of STE 3000	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78701
NATURE OF	Nature of Client's Business*		
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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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*			
onent is an individual	organization Name of Cheft East Name, as applicable			
	MU 15 INVESTMENTS, LTD.			
	Client Business Address*	Client Apartment or	Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	ТХ	78731	
AND				
NATURE OF	Nature of Client's Business*			
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	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):		

* Indicates a required field

Add Another Client Page



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*			
onent is an individual	organization Name of Cheft East Name, as applicable			
	THE KURCEA COMPANY			
	Client Business Address*	Client Apartment or	Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS	Client City*	Client State *	Client Zip Code*	
	AUSTIN	ТХ	78731	
AND	Noothi		76731	
NATURE OF	Nature of Client's Business*			
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.

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

* Indicates a required field

Add Another Client Page



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*			
Chefft is all illulvidual	Organization Name of Cheft Last Name, as applicable			
	VELOCITY CREDIT UNION			
	Client Business Address*	Client Apartment or	Suite Number	
OLIENT	1717 W. 6TH STREET	STE 400		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78703	
NATURE OF	Nature of Client's Business*			
BUSINESS	FINANCIAL INSTITUTION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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	Client Business Address* 4015 GUADALUPE ST. Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Client State* TX	Suite Number Client Zip Code* 78751	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

* Indicates a required field

Add Another Client Page



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*			
onent is an individual	organization Name of Cheft East Name, as applicable			
	SEAMLESS CAPITAL, L.P.			
	Client Business Address*	Client Apartment or	Suite Number	
	4407 BEE CAVES RD	STE 421		
CLIENT ADDRESS	Client City*	Client State *	Client Zip Code*	
	AUSTIN	TX	78746	
AND	Noothi		76740	
NATURE OF	Nature of Client's Business*			
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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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	Client Business Address* 515 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or STE 1300 Client State* TX	Suite Number Client Zip Code* 78701	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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* MVA-916, LLC			
21.5-1-	Client Business Address* 515 CONGRESS AVE	Client Apartment of	r Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701	
NATURE OF BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address* 3821 JUNIPER TRACE	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
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.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact comp for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		·
* Indicator a required field			

Indicates a required field

Add Another Client Page



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* WHITE LODGING SERVICES CORPORATION			
	Client Business Address* 701 E. 83RD AVE	Client Apartment or	Suite Number	
CLIENT ADDRESS AND	Client City* MERRILLVILLE	Client State*	Client Zip Code* 46410	
NATURE OF BUSINESS	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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



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*			
Chefit is an individual	Organization Name of Cheff Last Name, as applicable			
	BARSHOP & OLES COMPANY			
	Client Business Address*	Client Apartment or	r Suite Number	
	801 CONGRESS AVE	STE 300		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
	THE LOTTILE HAVEOTIVIETAL DEVELOTIVIETAL			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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	\Box I represented no clients and received no client reporting period	t compensation duri	ng the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Organization Name of Cheff Last Name, as applicable		
	SPEEDY STOP FOOD STORES, LTD		
	Client Business Address*	Client Apartment or	Suite Number
	P.O. BOX 1876		
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS	MICTORIA	TV	
AND	VICTORIA	TX	77902
NATURE OF	Nature of Client's Business*		
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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	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		

* Indicates a required field

Add Another Client Page



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	\square I represented no clients and received no client reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
Ciletit is all illulvidual	Organization Name of Cheff Last Name, as applicable		
	HEB GROCERY STORES		
	Client Business Address*	Client Apartment or	Suite Number
OLIENT	646 SOUTH MAIN		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	SAN ANTONIO	TX	78204
NATURE OF	Nature of Client's Business*		
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 Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION Per City Code Section 4-8-6(A)(j), the exact confor compensation totaling \$500,000 or more.			amount is required
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* 1 1' 1 ' 1 C' 1 I			

* Indicates a required field

Add Another Client Page



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	Client Business Address* 3600 BEE CAVES ROAD Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o STE 200 Client State* TX	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* 1			

* Indicates a required field

Add Another Client Page



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 clients reporting period	nt compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable *		
	OBMSMG LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	250 N. HARTFORD AVE		
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	ОН	43222
NATURE OF	Nature of Client's Business*		
BUSINESS	TECHNOLOGY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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* OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER			
0.151.7	Client Business Address* 4001 MAPLE AVENUE	Client Apartment of STE 600	r Suite Number	
CLIENT ADDRESS	Client City* DALLAS	Client State*	Client Zip Code*	
AND NATURE OF BUSINESS	Nature of Client's Business* HOSPITALITY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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*			
onent is air individual				
	TITAN CAPITAL INVESTMENT GROUP, LLC			
	Client Business Address*	Client Apartment o	r Suite Number	
			T Suite Humber	
	401 E. CITY AVE	STE 812		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	BALA CYNWYD	PA	19004	
NATURE OF	Nature of Client's Business*			
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.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	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):			
* Indicator a required field				

Indicates a required field

Add Another Client Page



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*			
Ciletit is all illulvidual	Organization Name of Cheft Last Name, as applicable			
	GOVEIA COMMERCIAL REAL ESTATE			
	Client Business Address*	Client Apartment or	Suite Number	
OUENT	24855 DEL PRADO			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DANA POINT	CA	92629	
NATURE OF	Nature of Client's Business*			
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.

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

* Indicates a required field

Add Another Client Page



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* HEB/ CHARLES BUTT (HOLDSWORTH CENTER)			
QUENT	Client Business Address* 646 SOUTH MAIN	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	SAN ANTONIO	TX	78204	
NATURE OF	Nature of Client's Business*			
BUSINESS	EDUCATIONAL CENTER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*			
onent is an individual	183 BLW, LP			
	Client Business Address* PO BOX 9190	Client Apartment o	or Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78766	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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*			
one it is all maividad	organization Name of official East Name, as applicable			
	2501 W. BRAKER, L.P.			
	Client Business Address*	Client Apartment or	Suite Number	
	1601 MOPAC EXPRESSWAY	STE 175		
CLIENT	Olivert City.*	Ol' 1 Cl - 1 - *	0111-71 0 1-*	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78746	
NATURE OF	Nature of Client's Business*			
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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation into		
* Indicator a new incl Gold			

* Indicates a required field

Add Another Client Page



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.

	<u> </u>			
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	Client Business Address* 501 S. AUSTIN AVE Client City*	Client Apartment o STE 1310 Client State*	r Suite Number Client Zip Code*	
ADDRESS	GEORGETOWN	TX	1 <u> </u>	
AND	GEORGETOWN		78626	
NATURE OF	Nature of Client's Business*			
BUSINESS	AMBULATORY CARE			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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 in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 *			
Ciletti is all ilidividual	AUSTIN ACHIEVE SCHOOLS			
	Client Business Address* 5908 MANOR ROAD	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78723	
NATURE OF	Nature of Client's Business*			
BUSINESS	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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



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 BAPTIST CHURCH			
	Client Business Address* 823 CONGRESS AVE	Client Apartment of	r Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701	
NATURE OF BUSINESS	Nature of Client's Business* RELIGIOUS ASSEMBLY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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*			
onent is an individual	organization warne or offent East Warne, as applicable			
	AUSTIN BOARD OF REALTORS			
	Client Business Address*	Client Apartment or	Suite Number	
	4800 SPICEWOOD SPRINGS RD			
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	TX	78759	
AND] [
NATURE OF	Nature of Client's Business*			
BUSINESS	RESIDENTIAL REAL ESTATE ORGANIZATION			
1				

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

Add Another Client Page



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*			
Cilent is an individual	AUSTIN PARK, LLC			
0.1515	Client Business Address* 700 12TH STREET	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF BUSINESS	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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation into		
* Indicator a new incl Gold			

Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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			
QUENT	Client Business Address* 4716 ST. JOHN'S DR	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	TX	75205	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	BROCK CONSULTING GROUP			
	Client Business Address*	Client Apartment or	r Suite Number	
	PO BOX 160340			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS AND	AUSTIN	TX	78716	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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*			
onent is an individual	Organization Name of Cheft Last Name, as applicable			
	CAPRIDGE PARTNERS, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
0	823 CONGRESS AVE			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	AUSTIN	TX	70701	
AND	AUSTIN	IX.	78701	
NATURE OF	Nature of Client's Business*			
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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address*	Client Apartment or	r Suite Number	
	1601 S. MOPAC EXPRESSWAY	STE D-175		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78746	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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*			
onent is air individual				
	CWS CAPITAL PARTNERS, LLC			
CLIENT	Client Business Address* 9606 N. MOPAC EXPRESSWAY	Client Apartment of	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	AUSTIN	TX	7 [
AND	AUSTIN		78759	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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*		
Cilent is an individual	DOWNTOWN AUSTIN ALLIANCE		
	Client Business Address* 211 E. 7TH STREET	Client Apartment of STE 818	r Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State *	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business* ADVOCACY ORGANIZATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*	(\$) Exact Amo	unt
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000. If you fail to provide the above Client Compensation to the above Client Compensation to the above Client Compensation to the above Client Comp		

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 *			
	Client Business Address* 608 AUSTIN CENTER BLVD	Client Apartment or	Suite Number	
CLIENT ADDRESS AND NATURE OF	Client City* AUSTIN Nature of Client's Business*	Client State*	Client Zip Code* 78751	
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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*			
Chefit is all individual	Organization Name of Cheffit East Name, as applicable			
	HELPING HAND HOME FOR CHILDREN			
	Client Business Address*	Client Apartment or	r Suite Number	
	3804 AVENUE B			
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78751	
AND				
NATURE OF	Nature of Client's Business*			
BUSINESS	NON-PROFIT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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*			
	HPI REAL ESTATE & SERVICES INVESTMENT			
CLIENT	Client Business Address* 3600 N. CAPITAL OF TEXAS HWY	Client Apartment or BLDG B, STE 250	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	TX	78746	
AND	1.001.11		76740	
NATURE OF	Nature of Client's Business*			
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.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	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. ma.			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1316 S. CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o Client State * TX	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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*			
one it is all individual				
	MAGELLAN DEVELOPMENT GROUP, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	225 N. COLUMBUS DRIVE	STE 100		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS				
AND	CHICAGO	IL	60601	
NATURE OF	Nature of Client's Business*			
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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	COMPENSATION Per City Code Section 4-8-6(A)(j), the exact compensation amount is refor compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your		
* Indicator a new incl Gold			

* Indicates a required field

Add Another Client Page



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* MEREDITH FAMILY REVOCABLE TRUST			
	Client Business Address* 248 ADDIE ROY RD	Client Apartment o	r Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78746	
NATURE OF BUSINESS	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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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* P & S INVESTMENTS I, LLC			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 8208 LONG CANYON Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Client State* TX	Suite Number Client Zip Code* 78730	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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*			
	PARKE PROPERITES I, L.P.			
QUENT	Client Business Address* 1411 SLEDGE DRIVE	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78734	
NATURE OF	Nature of Client's Business*			
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	Compensation Category* \$0 Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation into the compensation	

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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* PARKER			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4213 HIDDEN CANYON COVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment or Client State* TX	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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 clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	POWERFIN PARTNERS		
	Client Business Address*	Client Apartment or	r Suite Number
	100 CONGRESS AVE	17TH FLOOR	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
AND			
NATURE OF	Nature of Client's Business*		
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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicates a required field			

Indicates a required field

Add Another Client Page



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	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME	Ourseinstine Name on Client Leat Name on and inchie*			
Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL			
	Client Business Address* 2614 EXPOSITION BLVD	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78703	
NATURE OF BUSINESS	Nature of Client's Business* 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	Compensation Category* \$0 Per City Code Section 4-8-6(A)(j), the exact comper for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation info	

* Indicates a required field

Add Another Client Page



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*			
	REDDEHASE			
QUENT	Client Business Address* 715 GOLF CREST LN	Client Apartment o	or Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78734	
NATURE OF	Nature of Client's Business*			
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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	rormation	provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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*			
one it is all individual	organization warne or elient East Warne, as applicable			
	REIT MANAGEMENT AND RESEARCH, LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	255 WASHINGTON STREET	STE 300		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	,	7	Cheff Zip GGG	
AND	NEWTON	MA	02458	
NATURE OF	Nature of Client's Business*			
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	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):		
* In all and a supervision of Grad			

* Indicates a required field

Add Another Client Page



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*			
	RICE			
CLIENT	Client Business Address* 54 RAINEY ST	Client Apartment of #1004	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	ТХ	78701	
AND] [7070]	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	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):		
* In all a days are a sure as the state of t			

* Indicates a required field

Add Another Client Page



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* ROBINSON RANCH			
0.1517	Client Business Address* PO BOX 9556	Client Apartment o	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	TX	78766	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 inforr			ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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*			
onent is an inalitiated.	RYAN STREET & ASSOCIATES			
	Client Business Address* 2414 EXPOSITION BLVD	Client Apartment o	r Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78703	
NATURE OF BUSINESS	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 Category* \$0	OR	(\$) Exact Amount
COMPENSATION	COMPENSATION Per City Code Section 4-8-6(A)(j), the exact compensation amount is require for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reas		
* Indicator a new incl Gold			

Indicates a required field

Add Another Client Page



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*			
Oliche is air maividual	Organization Name of Cheff Last Name, as applicable			
	SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS			
	Client Business Address*	Client Apartment or	r Suite Number	
	4501 SPRINGDALE ROAD			
CLIENT	Oliver Oliva		011 171 0 1 *	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78723	
NATURE OF	Nature of Client's Business*			
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	Compensation Category* \$0	OR	(\$) Exact Amount
	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):		

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address*	Client Apartment or	Suite Number	
CLIENT	1550 TIMOTHY ROAD Client City*	STE 201 Client State*	Client Zip Code*	
ADDRESS AND NATURE OF	ATHENS Nature of Client's Business*	GA	30606	
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



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 Business Address* 201 WEST 7TH STREET	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*	IX I	78701	
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe	nsation a	amount is required
	for compensation totaling \$500,000 or more.	i isation t	amount is required
	If you fail to provide the above Client Compensation in	formation	nrovide vour reason(s) (250 char, max)
	ii you tall to provide the above cheft compensation in	TOTTIACION	r, provide your reason(s) (230 char. max).
*			

* Indicates a required field

Add Another Client Page



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	Client Business Address* 100 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment o STE 225 Client State* TX	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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*			
Cilent is an individual	TRAVIS HOTEL GROUP, LLC			
	Client Business Address* 2711 N HASKELL AVE	Client Apartment o	r Suite Number	
CLIENT ADDRESS AND	Client City* DALLAS	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* HOSPITALITY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

Indicates a required field

Add Another Client Page



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*			
	TRINE WOODS, LLC			
CLIENT	Client Business Address* 13945 U.S. HWY 183 N	Client Apartment of STE D-190	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
	AUSTIN	TX	78717	
AND	1.001] [70717	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation inf		
* In all a days are a second of a lad			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address*	Client Apartment or	r Suite Number	
	8133 MESA DR.	#206		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	тх	78759	
NATURE OF	Nature of Client's Business*			
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 Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	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 in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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	Client Business Address* 2801 VIA FORTUNA Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 525 Client State * TX	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	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 in	formation	, provide your reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

Add Another Client Page



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*			
	HYDE PARK BAPTIST CHURCH			
QUENT	Client Business Address* 3901 SPEEDWAY	Client Apartment or	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	RELIGOUS ASSEMBLY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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* MAJOR LEAGUE SOCCER (MLS)		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 420 FIFTH AVENUE Client City* NEW YORK Nature of Client's Business*	Client Apartment of 7TH FL Client State* NY	Client Zip Code*
BUSINESS	DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIE	ES .	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page



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	$\hfill \square$ 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 Business Address*	Client Apartment or	r Suite Number	
OUTNIT	3800 SOUTHWEST FREEWAY	STE 300		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	HOUSTON	TX	77024	
NATURE OF	Nature of Client's Business*			
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.

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

Indicates a required field

Add Another Client Page



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*			
	MANIFOLD REAL ESTATE			
CLIENT ADDRESS AND NATURE OF	Client Business Address* PO BOX 200463 Client City* AUSTIN Nature of Client's Business*	Client Apartment o Client State * TX	Client Zip Code*	
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.

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

* Indicates a required field

Add Another Client Page



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*			
onent is air marriadar	organization Name of Cheff East Name, as applicable			
	PRECOURT SPORTS VENTURES, LLC			
CLIENT	Client Business Address* 1 BLACK & GOLD BLVD	Client Apartment or	Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	COLUMBUS	ОН	43211	
AND			19211	
NATURE OF	Nature of Client's Business*			
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.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	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):		
* In discase a supervisor of Godel			

* Indicates a required field

Add Another Client Page



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*		
onent is an individual	organization Name or client tast Name, as applicable		
	INTREPID EQUITY INVESTMENTS LLC		
	Client Business Address*	Client Apartment or	Suite Number
	8140 N. MOPAC	SUITE 4-145	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	AUSTIN	TX	78759
AND			
NATURE OF	Nature of Client's Business*		
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 Category* less than \$10,000	ΩP	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



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*		
	2222 CAP. TEXAS, LLC		
	Client Business Address*	Client Apartment or	Suite Number
	9811 KATY FREEWAY I	STE 925	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	HOUSTON	TX	77024
NATURE OF	Nature of Client's Business*		
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 Category*	1	(\$) Exact Amount
OLILIVI	less than \$10,000	OR	
COMPENSATION		-	
	Per City Code Section 4-8-6(A)(j), the exact compfor compensation totaling \$500,000 or more.	ensation a	mount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation,	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 4: Employee

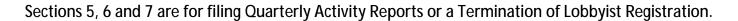
For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		yed or retained no employees dur	ing the applicable	reporting period
PERSON	Title	First Name*		Middle
EMPLOYED OR	Last Name *		Suffix	
RETAINED	Employer*		Occupation*	
BUSINESS ADDRESS	Business Addre	ess*	Apartment of State*	or Suite Number Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	Council Mer	n identified above related (within the mber, or a member of their househole the nature of their employment *re	d, as defined in City	Code Section 4-8-6(A)(5)?
	First Name of I	Mayor/Council Member	Last Name of Mayo	or/Council Member

* Indicates a required field

Add Another Employee Page



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.



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



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.

	(\$) Reimbursement to Others	
	(\$) Food and Beverages	
	(\$) Transportation and Lodging	
	(\$) Gifts (other than Awards and Mementos)	
EXPENDITURE	(\$) Entertainment	
TOTALS (Blank values will be interpreted as \$0)	(\$) 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)	



Section 7: Expenditure

ge 127 of 128 Revised:

9/25/2017

Delete this page

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.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name, as applicable *			
AND				
BUSINESS INTEREST	☐ This payee is a business or business in	_		
	If yes, First Name of City Official	Las	t Name of City Of	fficial
Payee is an individual				
	Department of City Official	Job	Job Title of City Official	
2015	Payee Address/ PO Box*		Payee Apartme	ent or Suite Number
PAYEE				
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
	(\$) Expenditure Amount * Expendit	ure Date* Categor	y <mark>*</mark>	
EXPENDITURE				
DETAILS	Purpose of the Expenditure*			
	ho benefitted from or who may	have been influer	nced by the e	
City Official First Name	City Official Last Name	Departme	nt	Job Title



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.

KELAN ROBINSON	4/25/2018
Typed Name	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.