Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Office Use Only ☐

Section 1: Cover Sheet

Use this form to:

1) Register as a lobbyist in accordance with City Code Section 4-8-5;
2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
3) Terminate registration as a lobbyist per City Code Section 4-8-5;
4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**

This form must be submitted in its original digital format. Please do not print or scan this form.

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

* Indicates a required field

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REPORT TYPE *

Check all that apply

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☒ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☐ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
  - ☐ January ☐ April ☐ July ☐ October
- ☐ I am correcting the information provided on a previously filed report
  - Previous Report Type: _____ Previous Report Date _____
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.

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Section 2: Municipal Question

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

1) a specific description of each municipal question
2) an address or legal description of the real property, if real property is the subject of the municipal question
3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

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

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

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

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

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
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- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8509 FM 969 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78724 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
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- ☒ Permits (Other)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 4300 STAGGERBRUSH ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78749 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
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- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Other:
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 710 WEST AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Other:
- ☒ Permits (Building, Site Plans)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: COLTON BLUFF SPRINGS RD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78744 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☒ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 6500 RR 2222 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78730 Property Legal Description:

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

- ☒ Accessibility or Persons with Disabilities
- ☐ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 2300 CLOUD WAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: NW QUADRANT OF PEARCE LN & WOLF LN INT Suite or Apartment Number: City: CEDAR CREEK State: TX Zip Code: 78612 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
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- ☒ Parks, Recreation, Libraries, or Museums
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description: LOT 1, PLEASANT HILL SUBDIVISION

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- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
- ☐ Technology or Communications
- ☒ Transportation or Mobility
- ☒ Zoning or Platting

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
- ☒ Taxation or Fees
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 823 CONGRESS AVE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description: PEARSON PLACE SECTION THREE

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8701 MOPAC EXPRESSWAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78759 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
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- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 308 GUADALUPE STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
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- ☒ Finance, Budget, or Investments
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- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1800 WESTLAKE PASS Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78746 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 5810 STEINER RANCH Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78732 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 7200 MOPAC EXPRESSWAY Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78731 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 610 E. 11TH STREET / 705 E. 12TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
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- ☒ Construction
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- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 6001 AIRPORT ROAD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78752 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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Subject Matter(s)*: Check all subject matters that apply to the municipal question above

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- ☐ Affordability
- ☐ Animals
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- ☐ Civil Service, Municipal Employment, or Retirement Systems
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- ☒ Construction
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- ☐ Historic Preservation
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☒ Other: CODENEXT
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 425 W. RIVERSIDE Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78704 Property Legal Description:

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

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

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1112 S. 8TH STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 304 E. CESAR CHAVEZ Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 1901 SAN ANTONIO STREET Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78705 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: S. CONGRESS AND RALPH ABLENADO Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78701 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: NW CORNER OF SLAUGHTER AND IH-35 Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78745 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 5210 N LAMAR BLVD Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78751 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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Subject Matter(s)*: Check all subject matters that apply to the municipal question above

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- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☐ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☒ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☒ Other: INTERACTIVE WAYFINDING TECHNOLOGY
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 413 NAVASOTA Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78702 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☒ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☒ Construction
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- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: 8212 BARTON CLUB DR Suite or Apartment Number: City: AUSTIN State: TX Zip Code: 78735 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
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- ☒ Real Estate
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: OLD HWY 20 Suite or Apartment Number: City: MANOR State: TX Zip Code: 78653 Property Legal Description:

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

- ☐ Accessibility or Persons with Disabilities
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☒ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☒ Code Compliance
- ☒ Construction
- ☐ Contracts or Procurement
- ☒ Diversity, Equity, or Inclusion
- ☒ Economic Development
- ☒ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☒ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☒ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
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- ☐ Municipal Court
- ☐ Municipal Legislation
- ☒ Neighborhoods
- ☒ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☒ Permits (Building, Site Plans)
- ☒ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☒ Rules, Proposed Rules, or Rule Making
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: E. STATE HWY 71 Suite or Apartment Number: City: DEL VALLE State: TX Zip Code: 78617 Property Legal Description:

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

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

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

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.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address: Suite or Apartment Number: City: State: Zip Code: Property Legal Description: LOT 1-2 BLK A ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVIN M E SUBD & ABS 86 SUR 75 BELL AF ACR 10.6010

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

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

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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1) a specific description of each municipal question
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

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

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

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

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Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

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

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

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

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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1) a specific description of each municipal question
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3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

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

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

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

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PACITTI
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 300 W. 6TH STREET Client Apartment or Suite Number: STE 2300 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* NELSEN PARTNERS, INC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 905 CONGRESS AVE Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78701 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* KIPP AUSTIN
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8509 FM 969 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78724 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*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GALLEGOS
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5515 BALCONES DRIVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, INC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 800 W. 6TH Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CARMA TEXAS, INC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11501 ALTERRA PKWY Client Apartment or Suite Number STE 100 Client City* AUSTIN Client State* TX Client Zip Code* 78758 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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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* ENDEAVOR REAL ESTATE GROUP, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 500 W. 5TH STREET Client Apartment or Suite Number: STE 700 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

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Delete this page

Lobbyist Reporting Form

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Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

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

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

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Delete this page

Lobbyist Reporting Form

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Section 3: Client

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1440 THE LAKES BLVD Client Apartment or Suite Number Client City* PFLUGERVILLE Client State* TX Client Zip Code* 78660 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	Compensation Category* less than $10,000 **OR** ($) 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):

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RYAN COMPANIES, INC.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 111 CONGRESS AVE Client Apartment or Suite Number: STE 1850 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's 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.

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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 11200 LAKELINE BLVD Client Apartment or Suite Number: STE 150 A Client City*: AUSTIN Client State*: TX Client Zip Code*: 78717 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	Compensation Category*: less than $10,000 **OR** ($) 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):

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* YETI COOLER, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5301 SOUTHWEST PARKWAY Client Apartment or Suite Number: STE 200 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78735 Nature of Client's Business*: RETAILER

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*: less than $10,000 **OR** ($) 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):

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BRICKMAN
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2630 EXPOSITION BLVD Client Apartment or Suite Number: STE 114 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78703 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	Compensation Category*: less than $10,000 **OR** ($) 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):

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CENTURY LAND HOLDINGS LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 6500 RIVER PLACE BLVD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78730 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	Compensation Category*: less than $10,000 **OR** ($) 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

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* EURUS 8701 ATRIUM LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC Client Apartment or Suite Number: STE 450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* LINCOLN PROPERTY COMPANY
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2000 MCKINNEY AVE Client Apartment or Suite Number: STE 100 Client City*: DALLAS Client State*: TX 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 111 CONGRESS AVE Client Apartment or Suite Number: STE 3000 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MU 15 INVESTMENTS, LTD.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC Client Apartment or Suite Number: STE 450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE KURCEA COMPANY
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 7200 N. MOPAC Client Apartment or Suite Number: STE 450 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78731 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* VELOCITY CREDIT UNION
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1717 W. 6TH STREET Client Apartment or Suite Number: STE 400 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78703 Nature of Client's 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	Compensation Category*: $10,000 - $24,999 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4015 GUADALUPE ST. Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SEAMLESS CAPITAL, L.P.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4407 BEE CAVES RD Client Apartment or Suite Number STE 421 Client City* AUSTIN Client State* TX Client Zip Code* 78746 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 515 CONGRESS AVE Client Apartment or Suite Number: STE 1300 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MVA-916, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 515 CONGRESS AVE Client Apartment or Suite Number: STE 1400 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* DAVIS WAYNE FS, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3821 JUNIPER TRACE Client Apartment or Suite Number: STE 207 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78738 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* WHITE LODGING SERVICES CORPORATION
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 701 E. 83RD AVE Client Apartment or Suite Number: STE 17 Client City*: MERRILLVILLE Client State*: IN Client Zip Code*: 46410 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

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

Section 3b: Client Compensation

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

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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. BOX 1876 Client Apartment or Suite Number Client City* VICTORIA Client State* TX Client Zip Code* 77902 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HEB GROCERY STORES
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 646 SOUTH MAIN Client Apartment or Suite Number Client City* SAN ANTONIO Client State* TX Client Zip Code* 78204 Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* FASKEN OIL AND RANCH
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3600 BEE CAVES ROAD Client Apartment or Suite Number: STE 200 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* OBMSMG LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 250 N. HARTFORD AVE Client Apartment or Suite Number Client City* COLUMBUS Client State* OH Client Zip Code* 43222 Nature of Client's 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4001 MAPLE AVENUE Client Apartment or Suite Number STE 600 Client City* DALLAS Client State* TX Client Zip Code* 75219 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	Compensation Category* less than $10,000 **OR** ($) 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):

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Add Another Client Page

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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* TITAN CAPITAL INVESTMENT GROUP, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 401 E. CITY AVE Client Apartment or Suite Number: STE 812 Client City*: BALA CYNWYD Client State*: PA Client Zip Code*: 19004 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	Compensation Category*: less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GOVEIA COMMERCIAL REAL ESTATE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 24855 DEL PRADO Client Apartment or Suite Number Client City* DANA POINT Client State* CA Client Zip Code* 92629 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HEB/ CHARLES BUTT (HOLDSWORTH CENTER)
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 646 SOUTH MAIN Client Apartment or Suite Number Client City* SAN ANTONIO Client State* TX Client Zip Code* 78204 Nature of Client's 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	Compensation Category* less than $10,000 **OR** ($) 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

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* 183 BLW, LP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 9190 Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78766 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	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

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* 2501 W. BRAKER, L.P.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1601 MOPAC EXPRESSWAY Client Apartment or Suite Number STE 175 Client City* AUSTIN Client State* TX Client Zip Code* 78746 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	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

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ALLEGIANCE MOBILE HEALTH
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 501 S. AUSTIN AVE Client Apartment or Suite Number: STE 1310 Client City*: GEORGETOWN Client State*: TX Client Zip Code*: 78626 Nature of Client's 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.

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

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Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN ACHIEVE SCHOOLS
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5908 MANOR ROAD Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78723 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* $0 **OR** ($) 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

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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 ADDRESS AND NATURE OF BUSINESS	Client Business Address* 823 CONGRESS AVE Client Apartment or Suite Number STE 111 Client City* AUSTIN Client State* TX Client Zip Code* 78701 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BOARD OF REALTORS
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4800 SPICEWOOD SPRINGS RD Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78759 Nature of Client's Business* RESIDENTIAL REAL ESTATE ORGANIZATION

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN PARK, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 700 12TH STREET Client Apartment or Suite Number: STE 220 Client City*: GOLDEN Client State*: CO Client Zip Code*: 80401 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BLENHEIM CORPORATION
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4716 ST. JOHN'S DR Client Apartment or Suite Number Client City* DALLAS Client State* TX Client Zip Code* 75205 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* BROCK CONSULTING GROUP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 160340 Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78716 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 823 CONGRESS AVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CVR SHORELINE, L.P.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1601 S. MOPAC EXPRESSWAY Client Apartment or Suite Number STE D-175 Client City* AUSTIN Client State* TX Client Zip Code* 78746 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9606 N. MOPAC EXPRESSWAY Client Apartment or Suite Number: STE 500 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78759 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* DOWNTOWN AUSTIN ALLIANCE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 211 E. 7TH STREET Client Apartment or Suite Number: STE 818 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 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.

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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* GABLES RESIDENTIAL
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 608 AUSTIN CENTER BLVD Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HELPING HAND HOME FOR CHILDREN
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3804 AVENUE B Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 Nature of Client's 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HPI REAL ESTATE & SERVICES INVESTMENT
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3600 N. CAPITAL OF TEXAS HWY Client Apartment or Suite Number: BLDG B, STE 250 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* LAMBERT
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1316 S. CONGRESS AVE Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78704 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 225 N. COLUMBUS DRIVE Client Apartment or Suite Number: STE 100 Client City*: CHICAGO Client State*: IL Client Zip Code*: 60601 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MEREDITH FAMILY REVOCABLE TRUST
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 248 ADDIE ROY RD Client Apartment or Suite Number: STE C200 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8208 LONG CANYON Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78730 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERITES I, L.P.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1411 SLEDGE DRIVE Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78734 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PARKER
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4213 HIDDEN CANYON COVE Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* POWERFIN PARTNERS
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVE Client Apartment or Suite Number: 17TH FLOOR Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2614 EXPOSITION BLVD Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78703 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* $0 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* REDDEHASE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 715 GOLF CREST LN Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78734 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* REIT MANAGEMENT AND RESEARCH, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 255 WASHINGTON STREET Client Apartment or Suite Number: STE 300 Client City*: NEWTON Client State*: MA Client Zip Code*: 02458 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RICE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 54 RAINEY ST Client Apartment or Suite Number: #1004 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* ROBINSON RANCH
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: PO BOX 9556 Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78766 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* RYAN STREET & ASSOCIATES
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2414 EXPOSITION BLVD Client Apartment or Suite Number STE B-140 Client City* AUSTIN Client State* TX Client Zip Code* 78703 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4501 SPRINGDALE ROAD Client Apartment or Suite Number: Client City*: AUSTIN Client State*: TX Client Zip Code*: 78723 Nature of Client's Business*: RESTAURANTS

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE BROHN GROUP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1550 TIMOTHY ROAD Client Apartment or Suite Number: STE 201 Client City*: ATHENS Client State*: GA Client Zip Code*: 30606 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE UNIVERSITY OF TEXAS SYSTEM
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 201 WEST 7TH STREET Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78701 Nature of Client's Business* HIGHER EDUCATION

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRAMMELL CROW
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 CONGRESS AVE Client Apartment or Suite Number: STE 225 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: REAL ESTATE INVESTMENT/ DEVELOPMENT

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRAVIS HOTEL GROUP, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2711 N HASKELL AVE Client Apartment or Suite Number STE 2800 Client City* DALLAS Client State* TX Client Zip Code* 75204 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRINE WOODS, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 13945 U.S. HWY 183 N Client Apartment or Suite Number: STE D-190 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78717 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, INC.
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8133 MESA DR. Client Apartment or Suite Number: #206 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78759 Nature of Client's Business*: RESTAURANTS

Section 3b: Client Compensation

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

CLIENT COMPENSATION	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* W&G PARTNERSHIP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 2801 VIA FORTUNA Client Apartment or Suite Number: STE 525 Client City*: AUSTIN Client State*: TX Client Zip Code*: 78746 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HYDE PARK BAPTIST CHURCH
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3901 SPEEDWAY Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78751 Nature of Client's 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 420 FIFTH AVENUE Client Apartment or Suite Number: 7TH FL Client City*: NEW YORK Client State*: NY Client Zip Code*: 10018 Nature of Client's Business*: DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES

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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* HI TECH AUTO GROUP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3800 SOUTHWEST FREEWAY Client Apartment or Suite Number: STE 300 Client City*: HOUSTON Client State*: TX Client Zip Code*: 77024 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* MANIFOLD REAL ESTATE
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 200463 Client Apartment or Suite Number Client City* AUSTIN Client State* TX Client Zip Code* 78720 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	Compensation Category* less than $10,000 **OR** ($) 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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1 BLACK & GOLD BLVD Client Apartment or Suite Number Client City* COLUMBUS Client State* OH Client Zip Code* 43211 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	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

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

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

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

NO EMPLOYEES TO REPORT	☒ I employed or retained no employees during the applicable reporting period
PERSON EMPLOYED OR RETAINED	Title First Name* Middle Last Name * Suffix Employer* Occupation*
BUSINESS ADDRESS	Business Address* Apartment or Suite Number City* State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)? If yes, describe the nature of their employment *required if the above box is checked First Name of Mayor/Council Member Last Name of Mayor/Council Member

* Indicates a required field

Add Another Employee Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than $500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as $0 spent in that particular category (§4-8-6(A)(3)).
Cumulative expenditures of more than $50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

EXPENDITURE TOTALS **(Blank values will be interpreted as $0)**	($) Reimbursement to Others	
	($) Food and Beverages	
	($) Transportation and Lodging	
	($) Gifts (other than Awards and Mementos)	
	($) Entertainment	
	($) Awards and Mementos	
	($) Honorariums	
	($) Attendance of Council Members at Charitable Events or Fundraisers	
	($) Media Communications (broadcast, print, advertising, etc.)	
	($) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than $50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total $500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME AND BUSINESS INTEREST

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

☐ This payee is a business or business interest of a City Official

If yes, First Name of City Official

Last Name of City Official

Department of City Official

Job Title of City Official

PAYEE ADDRESS

Payee Address/ PO Box*

Payee Apartment or Suite Number

Payee City*

Payee State*

Payee Zip Code*

EXPENDITURE DETAILS

($) Expenditure Amount*

Expenditure Date*

Category*

Purpose of the Expenditure*

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

ERIC deYOUNG

Typed Name

11/7/2017

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.