

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE]

ETHICS REVIEW COMMISSION
CHAPTER 2-7 CITY CODE
COMPLAINT

AUSTIN CITY CLERK
RECEIVED

2017 NOV 28 PM 4 19

NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis

MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Julianne Nickells

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CODE AND CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGES.

Failure to report client compensation, in violation of Austin City Code, Section 4-8-6 (A)(2)

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lobbyist's 2017 quarterly reports without compensation reported.

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ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE
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DATE:

11/28/17


COMPLAINANT'S SIGNATURE

Fred I. Lewis
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

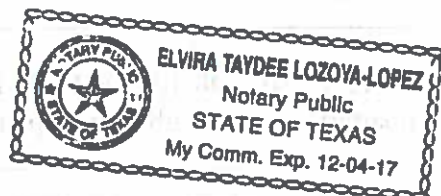
This instrument was acknowledged, sworn and subscribed before me by

Fred I. Lewis

On the 28th day of November, 2017, to which
witness my hand and official seal.

Notary Public in and for the State of Texas

Elvira Taydee Lozoya Lopez
Typed or Printed Name of Notary



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PHONE NUMBER: 512-636-1389

EMAIL ADDRESS:

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Amanda Swor

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704

PHONE NUMBER [IF KNOWN]:

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28th

day of

November

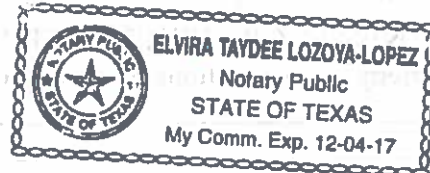
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PHONE NUMBER: 512-636-1389 _____

EMAIL ADDRESS: [REDACTED] _____

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Talley Williams _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704 _____

PHONE NUMBER [IF KNOWN]: _____

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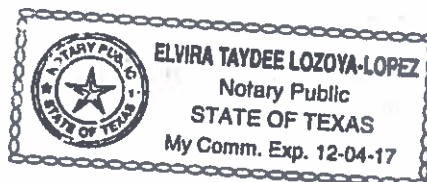
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PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Amanda Brown

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 221 West 6th St, Suite 1300, Austin Texas 78701

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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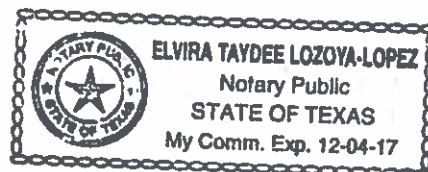
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PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: David Hartman

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 221 West 6th St, Suite 1300, Austin Texas 78701

PHONE NUMBER [IF KNOWN]:

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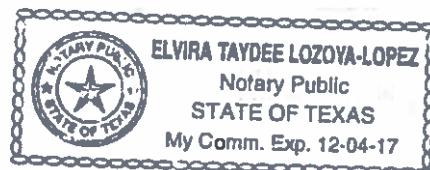
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NAME OF PERSON COMPLAINED AGAINST: Stephen Drenner

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704

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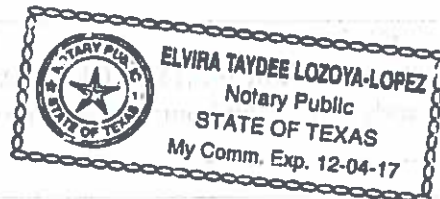
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NAME OF PERSON COMPLAINED AGAINST: Will Herring

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 221 West 6th St, Suite 1300, Austin Texas 78701

PHONE NUMBER [IF KNOWN]:

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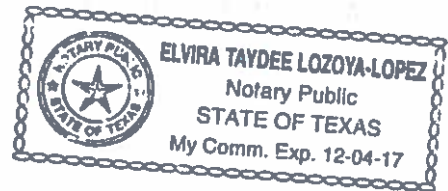
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PHONE NUMBER: 512-636-1389 _____

EMAIL ADDRESS: [REDACTED] _____

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NAME OF PERSON COMPLAINED AGAINST: Steve Metcalfe _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

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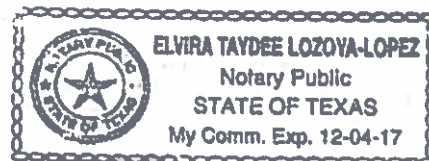
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EMAIL ADDRESS: _____

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NAME OF PERSON COMPLAINED AGAINST: Michele Lynch _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

MAILING ADDRESS 221 West 6th St, Suite 1300, Austin Texas 78701 _____

PHONE NUMBER [IF KNOWN]: _____

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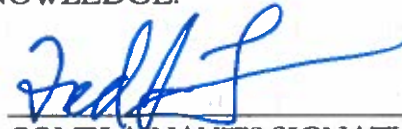
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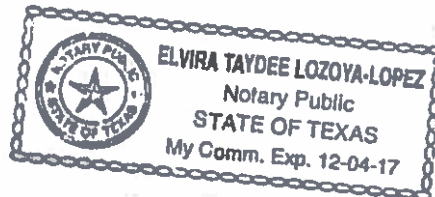
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PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

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NAME OF PERSON COMPLAINED AGAINST: Michael Whellan

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 401 Congress, Suite 2200, Austin Texas 78701

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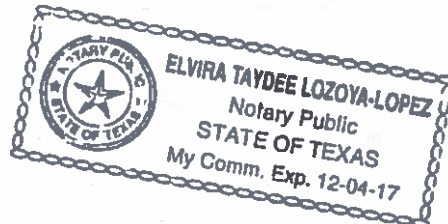
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NAME OF PERSON COMPLAINED AGAINST: Peter Cesaro _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

MAILING ADDRESS 401 Congress, Suite 2200, Austin Texas 78701 _____

PHONE NUMBER [IF KNOWN]: _____

EMAIL ADDRESS [IF KNOWN]: _____

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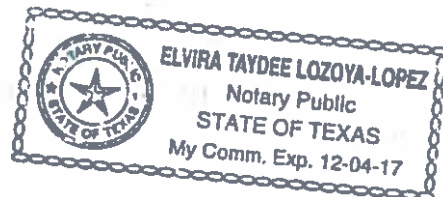
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EMAIL ADDRESS: [REDACTED] _____

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: John Joseph _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

MAILING ADDRESS 901 S. MoPac Expressway, Suite #500, Austin Texas 78746 _____

PHONE NUMBER [IF KNOWN]: _____

EMAIL ADDRESS [IF KNOWN]: _____

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CONDUCT: (Leave blank if inapplicable.)

NAME: N/A

MAILING ADDRESS:

EMAIL ADDRESS [IF KNOWN] WITNESSES OR EVIDENCE THAT WOULD BE
PRESENTED: N/A

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE
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DATE: 11/28/17

COMPLAINANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

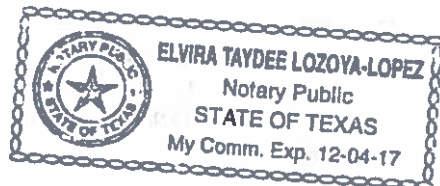
COUNTY OF TRAVIS

This instrument was acknowledged, sworn and subscribed before me by

On the 28th day of November, 2017, to which
witness my hand and official seal.

Notary Public in and for the State of Texas

Elvira Taydee Lozoya Lopez
Typed or Printed Name of Notary



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ETHICS REVIEW COMMISSION
CHAPTER 2-7 CITY CODE
COMPLAINT

2017 NOV 28 PM 4 20
AUSTIN CITY CLERK
RECEIVED

NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis _____

MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701 _____

PHONE NUMBER: 512-636-1389 _____

EMAIL ADDRESS: [REDACTED] _____

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Mark Nathan _____

CITY OFFICE, DEPARTMENT, COMMISSION: _____

MAILING ADDRESS 2205 Rabb Glen St., Austin Texas 78704 _____

PHONE NUMBER [IF KNOWN]: _____

EMAIL ADDRESS [IF KNOWN]: _____

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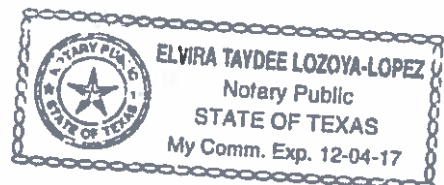
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ETHICS REVIEW COMMISSION
CHAPTER 2-7 CITY CODE
COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis

MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Laci Ehlers

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 901 South MoPac Expressway, Bldg. 2, Suite 225, Austin Texas 78746

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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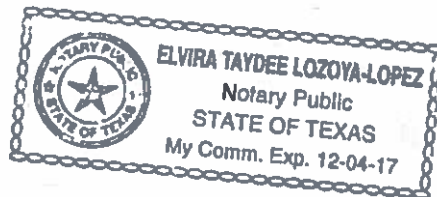
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COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis

MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS:

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Jeff Howard

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 901 South MoPac Expressway, Bldg. 2, Suite 225, Austin Texas 78746

PHONE NUMBER [IF KNOWN]:

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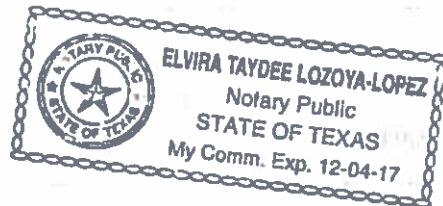
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ETHICS REVIEW COMMISSION
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COMPLAINT

NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis

MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Leah Bojo

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lobbyist's 2017 quarterly reports without compensation reported.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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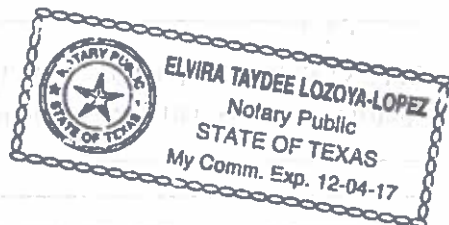
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MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: David J. Anderson

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 78704

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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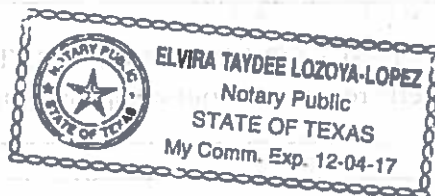
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PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Pamela Madere

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 901 S. MoPac Expressway, Suite #500, Austin Texas 78746

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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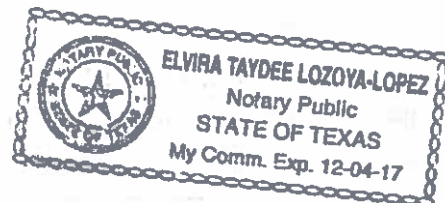
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MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701

PHONE NUMBER: 512-636-1389

EMAIL ADDRESS: [REDACTED]

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: Nikelle Meade

CITY OFFICE, DEPARTMENT, COMMISSION:

MAILING ADDRESS 111 Congress, Suite 1400, Austin Texas 78701

PHONE NUMBER [IF KNOWN]:

EMAIL ADDRESS [IF KNOWN]:

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