# AUSTIN OITY OLERK

### [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

|                                       | SON(S) FILING COMPLAINT: Fred I. L   | ewis   |
|---------------------------------------|--|--|
| MAILING ADD                           | DRESS: 309 East 11th, Suite 2, Austin Texas  | 78701  |
| PHONE NUMB                            | BER: <u>512-636-1389</u>   | ZIALING VINERES  |
| EMAIL ADDRE                           | SS:  | LALAR ADDRESS DE KNOW  |
|                                       |  | /\W.a. EXISTS  |
|                                       | A SEPARATE COMPLAINT FORM FOR  |  |
| NAME OF PER                           | SON COMPLAINED AGAINST: Julienne   |  |
| CITY OFFICE,                          | DEPARTMENT, COMMISSION:  | 12/28/13 min   |
| MAILING ADD                           | PRESS: 200 Lee Barton Drive, Suite 100, Au   | ustin Texas 78704  |
|                                       | ED HE KATOWAR  |  |
| PHONE NUMB                            | ER [IF KNOWN]:///////  |  |
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|                                       | ESS [IF KNOWN]:  | STATE_OF TEXAS   |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  ACH ALLEGED VIOLATION OF THE OVISIONS SEPARATELY ON THE FOL   | ABOVE CITY CODE AND LOWING PAGES.                                  |
| EMAIL ADDRE PLEASE LIST E CHARTER PRO | ESS [IF KNOWN]:EACH ALLEGED VIOLATION OF THE   | ABOVE CITY CODE AND LOWING PAGES.                                  |
| EMAIL ADDRE PLEASE LIST E CHARTER PRO | ESS [IF KNOWN]:  ACH ALLEGED VIOLATION OF THE OVISIONS SEPARATELY ON THE FOL   | ABOVE CITY CODE AND LOWING PAGES.                                  |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLE Client compensation, in violation of Austin City  | ABOVE CITY CODE AND LOWING PAGES.                                  |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLE Client compensation, in violation of Austin City  | ABOVE CITY CODE AND LOWING PAGES.                                  |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLklient compensation, in violation of Austin City  | ABOVE CITY CODE AND<br>LOWING PAGES.<br>Code, Section 4-8-6 (A)(2) |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLK ident compensation, in violation of Austin City in the Compensation of Austin | ABOVE CITY CODE AND<br>LOWING PAGES.<br>Code, Section 4-8-6 (A)(2) |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLklient compensation, in violation of Austin City  | ABOVE CITY CODE AND<br>LOWING PAGES.<br>Code, Section 4-8-6 (A)(2) |
| EMAIL ADDRE                           | ESS [IF KNOWN]:  EACH ALLEGED VIOLATION OF THE DVISIONS SEPARATELY ON THE FOLK ident compensation, in violation of Austin City in the Compensation of Austin | ABOVE CITY CODE AND<br>LOWING PAGES.<br>Code, Section 4-8-6 (A)(2) |

| IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.) |
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| CONDUCT: (Leave blank if inapplicable.)  |
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|  |
| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.   |
| DATE: 11/28/17  COMPLAINANT'S SIGNATURE  Field T. Law 5  PRINT NAME  |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
| This instrument was acknowledged, sworn and subscribed before me by  Fred I. Lew &   |
| On the 28th day of NOVEMber, 2017, to which witness my hand and official seal.   |
| Notary Public in and for the State of Texas    State of Texas  |
| Elvina tryder Lozova Lopez Typed or Printed Name of Notary   |

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## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

|  | wis   |
|--|---|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas  | 78701   |
| PHONE NUMBER: <u>512-636-1389</u>  | SAVILING ADDRESS  |
| EMAIL ADDRESS:   | MAIL ADDRESS III KNO  |
|  | PRESENTED NAME  |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR IT AGAINST.  | JALL THE STATEMENTS AND AND FACTUAL TO THE BES                                |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | ~ \ - \ \ - \ \ - \ \ - \ \ - \ \ \ - \ |
| MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Au   |   |
| PHONE NUMBER [IF KNOWN]:   |   |
| EMAIL ADDRESS [IF KNOWN]:  |   |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE CHARTER PROVISIONS SEPARATELY ON THE FOLI Failure to report client compensation, in violation of Austin City C | OWING PAGES.  |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESE quarterly reports without compensation reported.   | ENTED: The lobbyist's 2017  |

| [IF MORE ROOM IS NECESSARY, PLEAS ATTACHMENTS AS INVOLVED IN CONDUCT: (Leave blank if inapplicable.)  |  |
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| NAME: N/A   | Committee of the contract of t |
| MAILING ADDRESS:  | THE RESERVE OF THE PARTY OF THE |
| EMAIL ADDRESS [IF KNOWN]WITNES  | SSES OR EVIDENCE THAT WOULD BE   |
| PRESENTED: N/A  |  |
| ALL THE STATEMENTS AND INFORMAT<br>AND FACTUAL TO THE BEST OF MY KN                                   |  |
| DATE: 11/28/17  | COMPLAINANTS IGNATURE  |
| 11. K. asiz (T. en) etc., 08, ato 2.  | Fred I. Lew 15 PRINT NAME  |
|   | TANG ABDIOS OF ENDING  |
| STATE OF TEXAS  | 1, 4   |
|   | THE POLITICATED HOW I TRUE IS NOT ON THE STATE OF THE STA |
| This instrument was acknowledged, sworn and   | d subscribed before me by  |
| Fed T. Lewis  |  |
| On the day of Now witness my hand and official seal.  | enber, 2017, to which  |
| Notary Public in and for the State of Texas  Elvina Tayder Lozovalor  Typed or Printed Name of Notary | ELVIRA TAYDEE LOZOVA-LOPEZ   Notary Public STATE OF TEXAS My Comm. Exp. 12-04-17   |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. L   | ewis                       |
|---|----------------------------|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas   | 78701                      |
| PHONE NUMBER: <u>512-636-1389</u>   | = Ehand - H                |
| EMAIL ADDRESS:  | nuss iii sehidor tuuri     |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR AGAINST.  NAME OF PERSON COMPLAINED AGAINST: Talley V   |                            |
|   | A 1 1                      |
| CITY OFFICE, DEPARTMENT, COMMISSION:  | X 1                        |
| MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Au  | astin Texas 78704          |
| PHONE NUMBER [IF KNOWN]:  |                            |
| EMAIL ADDRESS [IF KNOWN]:   |                            |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE CHARTER PROVISIONS SEPARATELY ON THE FOL Failure to report client compensation, in violation of Austin City | LOWING PAGES.              |
| Today TVU YSBANA IA   |                            |
| WITNESSES OR EVIDENCE THAT WOULD BE PRES quarterly reports without compensation reported.   | ENTED: The lobbyist's 2017 |
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| IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.) |
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| CONDOCT. (Ecave blank it mappineable.)   |
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| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.   |
| DATE: 11/28/17 COMPLAINANT'S SIGNATURE   |
|  |
| Fiel I. kews   |
|  |
| STATE OF TEXAS   |
| COUNTY OF TRAVIS   |
| This instrument was acknowledged, sworn and subscribed before me by  |
| Ted I hemis  |
| On the 28th day of November, 2017, to which witness my hand and official seal.   |
| Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My Comm. Exp. 12-04-17                                       |
| Typed or Printed Name of Notary  |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  | <del>ت</del>        |
|--|---------------------|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701  |                     |
| PHONE NUMBER: <u>512-636-1389</u>  |                     |
| EMAIL ADDRESS:   | ii iga _            |
|  | J. 1402   11   1349 |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH IERON AGAINST.  | COMPLAINED          |
| NAME OF PERSON COMPLAINED AGAINST: Amanda Brown  |                     |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | a                   |
| MAILING ADDRESS 221 West 6th St, Suite 1300, Austin Texas 78701  | 28                  |
| PHONE NUMBER [IF KNOWN]:   |                     |
| EMAIL ADDRESS [IF KNOWN]:  |                     |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGE Failure to report client compensation, in violation of Austin City Code, Section 4-8  | ES.                 |
| Programme and the second secon |                     |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lequarterly reports without compensation reported.  | obbyist's 2017      |
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| IF MORE ROOM IS NECESSARY ATTACHMENTS AS INVOLVE CONDUCT: (Leave blank if inapplic | ED IN THE   |   |
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| NAME: N/A  | <del></del> |   |
| MAILING ADDRESS:   |             |   |
| EMAIL ADDRESS [IF KNOWN]   | WITNESSES   | OR EVIDENCE THAT WOULD B  |
| PRESENTED: N/A   |             |   |
| ALL THE STATEMENTS AND IN<br>AND FACTUAL TO THE BEST OF                            |             | IN THIS COMPLAINT ARE TRUE LEDGE.   |
| DATE: 11/28/17   | COM         | PLAINANT'S SIGNATURE  |
|  | PRIN        | Fred I. Lew 13<br>IT NAME   |
| STATE OF TEXAS   |             |   |
| COUNTY OF TRAVE  |             |   |
| This instrument was acknowledged, s  |             | scribed before me by  |
| On the 20 day of witness my hand and official seal.                                | N ovemb     | 2017, to which  |
| Notary Public in and for the State of  | Texas       | ELVIRA TAYDEE LOZOYA-LOPEZ U<br>Notary Public<br>STATE OF TEXAS<br>My Comm. Exp. 12-04-17 |
| Typed or Printed Name of Notary  | Copy !      |   |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  |                        |
|--|------------------------|
| MAILING ADDRESS: 309 East 11 <sup>th</sup> , Suite 2, Austin Texas 78701_  | 7 × 10 × 10 × 10       |
| PHONE NUMBER: <u>512-636-1389</u>  | 21.05.00. V 11.1       |
| EMAIL ADDRESS:   | all said form this i   |
|  | At It The It           |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH AGAINST.  | HRON COMPLAINED        |
| NAME OF PERSON COMPLAINED AGAINST: David Hartma  |                        |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | 5 L. W. an             |
| MAILING ADDRESS 221 West 6 <sup>th</sup> St, Suite 1300, Austin Texas 78   | 701                    |
| PHONE NUMBER [IF KNOWN]:   |                        |
| EMAIL ADDRESS [IF KNOWN]:  |                        |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING Failure to report client compensation, in violation of Austin City Code, Separate to report client compensation.  | NG PAGES.              |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED quarterly reports without compensation reported.   | D: The lobbyist's 2017 |
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| [IF MORE ROOM IS NECESSARY, PLEASE CONTI<br>ATTACHMENTS AS INVOLVED IN THE ALI<br>CONDUCT: (Leave blank if inapplicable.) |   |
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| NAME: N/A   | JA 21 245 00 2                                      |
| MAILING ADDRESS:  |   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR  | EVIDENCE THAT WOULD BE                              |
| PRESENTED: N/A  |   |
| ALL THE STATEMENTS AND INFORMATION IN TAND FACTUAL TO THE BEST OF MY KNOWLEDGE  |   |
| DATE: 11/28/17 COMPLA   | INANT'S SIGNATURE                                   |
| PRINT N   | AI. Law 15  |
| STATE OF TEXAS  |   |
| COUNTY OF TRAVS   |   |
| This instrument was acknowledged, sworn and subscribe   | ed before me by                                     |
| Fred I. hew 15  |   |
| On the 28th day of November witness my hand and official seal.  | 2017, to which                                      |
| Notary Public in and for the State of Texas  Elvera Taydee Loza, a Lopen  | Notary Public STATE OF TEXAS My Comm. Exp. 12-04-17 |
| Typed or Printed Name of Notary   |   |

| CHAPTER 2-7 CITY CODE  | to the state of th |
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| COMPLAINT  |  |
| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  |  |
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701_   | NAME: NA   |
|  | MAILING ADDRESS  |
| EMAIL ADDRESS:   | EMAND. ADDRESS III   |
|  | PRESENTED NAV  |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH I AGAINST. IN THE COMPLAINT FORM FOR EACH I AGAINST. IN THE COMPLAINED AGAINST: Stephen Drenner.                            | VII. THE SEVEEVIEW<br>VND-PV FURE FORE   |
|  | man : 1/28/12  |
| MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Tex   | xas 78704  |
| PHONE NUMBER [IF KNOWN]:   |  |
| EMAIL ADDRESS [IF KNOWN]:  | 21 (TE OF 1 EXAS   |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CHARTER PROVISIONS SEPARATELY ON THE FOLLOWIN Failure to report client compensation, in violation of Austin City Code, See | E CITY CODE AND<br>IG PAGES.   |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED quarterly reports without compensation reported.   | D: The lobbyist's 2017   |
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| ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE   |
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| PRESENTED: N/A   |
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| ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE  |
| AND FACTUAL TO THE BEST OF MY KNOWLEDGE.   |
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| DATE: 11/28/17   |
| COMPLAINANTS SIGNATURE   |
| Fred I. Low 15   |
| PRINT NAME   |
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| BARKS of BlockBird HATS  |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
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| This instrument was acknowledged, sworn and subscribed before me by  |
| The state of the s |
| Fred I Lowis   |
| On the 78th day of November 2017, to which   |
| witness my hand and official seal.   |
| Scoonsoons and a second  |
| ELVIRA TAYDEE LOZOVA-LOPEZ U   |
| O fine 22 Put Notary Public 0  |
| Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My Comm. Exp. 12-04-17   |
| Flying Tayder Lozova Lopez   |
| Typed or Printed Name of Notary  |
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## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLA  | INT: Fred I. Lewis_ |                         | 3          |
|--|---------------------|-------------------------|------------|
| MAILING ADDRESS: 309 East 11th, Suite 2,   | Austin Texas 78701  |                         | 728        |
| PHONE NUMBER: <u>512-636-1389</u>  |                     | _ 2=  404  <sub>4</sub> |            |
| EMAIL ADDRESS:   | i Si Si Bilar       | ulffes in               | 4.20       |
| PLEASE FILE A SEPARATE COMPLAINT<br>AGAINST.   |                     |                         | 5 (4)      |
| NAME OF PERSON COMPLAINED AGA  |                     |                         |            |
| CITY OFFICE, DEPARTMENT, COMMISS   |                     | 781.17                  | i. man     |
| MAILING ADDRESS 221 West 6th St, Suite   |                     | 8701                    |            |
| PHONE NUMBER [IF KNOWN]:   | <u> </u>            |                         |            |
| EMAIL ADDRESS [IF KNOWN]:  |                     |                         |            |
| PLEASE LIST EACH ALLEGED VIOLATE CHARTER PROVISIONS SEPARATELY C Failure to report client compensation, in violation | ON THE FOLLOW       | NG PAGES.               |            |
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| WITNESSES OR EVIDENCE THAT WOU   |                     | ED: The lobby           | ist's 2017 |
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| [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)      |
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| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.   |
| DATE: 11/28/17  COMPLANANTS SIGNATURE  |
| Fred T. Lew 15 PRINT NAME  |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
| This instrument was acknowledged, sworn and subscribed before me by  |
| On the 28th day of November, 2017, to which  |
| On the 29th day of November, 2017, to which witness my hand and official seal.   |
|  |
| Notary Public in and for the State of Texas  EN IN Tour decloses Lope  Typed or Printed Name of Notary  Notary Public STATE OF TEXAS  My Comm. Exp. 12-04-17 |

# AUSTIN CITY CLERK

#### [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSO   | N(S) FILING           | COMPLAINT: Fred I. L                     | ewis             |                       |
|-----------------|-----------------------|--|------------------|-----------------------|
| MAILING ADDRE   | SS: 309 East 1        | 11th, Suite 2, Austin Texas              | 78701            |                       |
| PHONE NUMBER    | : <u>512-636-1389</u> |  |                  | ne markilla           |
| EMAIL ADDRESS   | 1714                  | - Arre-ez Boit is 19                     | head ili saidh s | 117 121 -<br>e enseon |
|                 | 1.07.4                | OMPLAINT FORM FOR                        |                  | a little              |
| NAME OF PERSO   | N COMPLAI             | NED AGAINST: Steve N                     | letcalfe         |                       |
| CITY OFFICE, DE | PARTMENT.             | , COMMISSION:                            | N. Harl          | A 1.1                 |
| MAILING ADDRE   | SS 221 West 6         | S <sup>th</sup> St, Suite 1300, Austin T | 'exas 78701      |                       |
|                 | [IF KNOWN             | <u>,</u>                                 |                  |                       |
| EMAIL ADDRESS   | IF KNOWN              | ]:                                       |                  |                       |
| CHARTER PROVI   | SIONS SEPA            | O VIOLATION OF THE RATELY ON THE FOL     | LOWING PAGES.    |                       |
|                 |                       | JESANDADA1                               |                  |                       |
|                 |                       | HAT WOULD BE PRES                        |                  | t's 2017              |
|                 |                       |  |                  |                       |
| CONTACT INFO    | RMATION C             | OF ANY PERSON(S)                         | OTHER THAN TH    | IE BRSON              |

COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY

| IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.) |
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| NAME: N/A  |
| MAILING ADDRESS:   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR EVIDENCE THAT WOULD B   |
| PRESENTED: N/A   |
| ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  DATE: 11/28/17 COMPLAINANT'S SIGNATURE         |
| Fred I. kw73   |
| PRINT NAME   |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
| This instrument was acknowledged, sworn and subscribed before me by  |
| On the day of November, 2017, to which witness my hand and official seal.  |
| Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  My Comm. Exp. 12-04-17                                       |
| Typed of Printed Name of Notary  |

## 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: <u>512-636-1389</u>  | altitudence 171        |
| EMAIL ADDRESS:   | Di X ∏Çn ≥ V           |
|  |                        |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH E<br>AGAINST.   |                        |
| NAME OF PERSON COMPLAINED AGAINST: Michele Lynch   |                        |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | Bry Bold by the co     |
| MAILING ADDRESS 221 West 6 <sup>th</sup> St, Suite 1300, Austin Texas 787  | 701                    |
| PHONE NUMBER [IF KNOWN]:   |                        |
| EMAIL ADDRESS [IF KNOWN]:  |                        |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CHARTER PROVISIONS SEPARATELY ON THE FOLLOWIN Failure to report client compensation, in violation of Austin City Code, Sec | G PAGES.               |
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|  | Harristan assess o     |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED quarterly reports without compensation reported.   | 9: The lobbyist's 2017 |
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| [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)                    |
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| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  DATE: 11/28/17  COMPLAINANT'S SIGNATURE  FREL T. Lew S  PRINT NAME |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
| This instrument was acknowledged, sworn and subscribed before me by  Fred I buss   |
| 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 Tay dee 92012 LODG  Typed or Printed Name of Notary  Elvira Tay dee 92012 LODG  Typed or Printed Name of Notary        |
|  |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  | Ē         |
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| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701  | 28        |
| PHONE NUMBER:512-636-1389  | r and E   |
| EMAIL ADDRESS:   | 1         |
| % 46 V =   | 37,000    |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH IERON COMPLAGAINST.   | 11 43     |
| NAME OF PERSON COMPLAINED AGAINST: Michael Whellan   |           |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | ШД        |
| MAILING ADDRESS 401 Congress, Suite 2200, Austin Texas 78701   |           |
| PHONE NUMBER [IF KNOWN]:   |           |
| EMAIL ADDRESS [IF KNOWN]:  |           |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CODE CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGES.  Failure to report client compensation, in violation of Austin City Code, Section 4-8-6 (A)(2) |           |
|  | 720: MICS |
|  | P         |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lobbyist's quarterly reports without compensation reported.   | 2017      |
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AUSTIN CITY CLERG

|  | Y, PLEASE CONTINUE ON A BLANK RGE ED IN THE ALLEGED INAPPROPRIATE icable.) |
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| NAME: N/A  |  |
| MAILING ADDRESS:                                       |  |
| EMAIL ADDRESS [IF KNOWN                                | JWITNESSES OR EVIDENCE THAT WOULD BE                                       |
| PRESENTED: N/A   |  |
| ALL THE STATEMENTS AND IN<br>AND FACTUAL TO THE BEST O | IFORMATION IN THIS COMPLAINT ARE TRUE OF MY KNOWLEDGE.                     |
| DATE: 11/28/17   | COMPLAINANT'S SIGNATURE  |
|  | PRINT NAME   |
| STATE OF TEXAS   |  |
| COUNTY OF TRAVE  |  |
| ~ 1 - 1  | sworn and subscribed before me by  |
| On the 28 day of witness my hand and official seal.    | November 207, to which   |
| Notary Public in and for the State of                  | Exp. 12-04-17  |
| Typed or Printed Name of Notary                        | our lopez  |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis_  | = 11.00 = 5                           |
|---|---------------------------------------|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 7870  |                                       |
| PHONE NUMBER: <u>512-636-1389</u>   | S IN ALA                              |
| EMAIL ADDRESS:  | e free softwar in <sup>2</sup> - B    |
|   |                                       |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EAC<br>AGAINST.   | HERON COMPLAINED                      |
| NAME OF PERSON COMPLAINED AGAINST: Peter Cesaro   |                                       |
| CITY OFFICE, DEPARTMENT, COMMISSION:  |                                       |
| MAILING ADDRESS 401 Congress, Suite 2200, Austin Texas 78   | 8701                                  |
| PHONE NUMBER [IF KNOWN]:  |                                       |
| EMAIL ADDRESS [IF KNOWN]:   |                                       |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOUTH PROVISIONS SEPARATELY ON THE FOLLOW Failure to report client compensation, in violation of Austin City Code, | VING PAGES.<br>, Section 4-8-6 (A)(2) |
|   |                                       |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENT quarterly reports without compensation reported.  | ED: The lobbyist's 2017               |
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| ATTACHMENTS AS INVOLVED IN THE ALLE CONDUCT: (Leave blank if inapplicable.) |   |
|---|---|
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| NAME: N/A   | 9942  |
| MAILING ADDRESS:  |   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR E                                      | VIDENCE THAT WOULD BE   |
| PRESENTED: N/A  |   |
|   | A SIGNATURE  LAWIS  |
| STATE OF TEXAS  |   |
| COUNTY OF TRAVE   |   |
| This instrument was acknowledged, sworn and subscribed  Fred T. lew15       | before me by  |
| On the  | ELVIRA TAYDEE LOZOYA-LOPEZ  Notary Public  STATE OF TEXAS  My Comm. Exp. 12-04-17 |

## 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 7870   | )1   | 7.7       |
| PHONE NUMBER: <u>512-636-1389</u>  | - 863 H. J.  | 1773      |
| EMAIL ADDRESS:   | THE SECTION  | n Brott   |
| ·  |  |           |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EAC AGAINST.   |  |           |
| NAME OF PERSON COMPLAINED AGAINST: John Joseph   |  |           |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | -1/2".   | 100       |
| MAILING ADDRESS 901 S. MoPac Expressway, Suite #500, A   | ustin Texas 7874   | 16        |
| PHONE NUMBER [IF KNOWN]:   |  |           |
| EMAIL ADDRESS [IF KNOWN]:  |  |           |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOUTH CHARTER PROVISIONS SEPARATELY ON THE FOLLOW Failure to report client compensation, in violation of Austin City Code | VING PAGES.  |           |
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|  | Illia gartia sa  | H mis     |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENT quarterly reports without compensation reported  | TED: The lobbyi  | st's 2017 |
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| IF MORE ROOM IS NECESSARY, PLEASE CONTINU ATTACHMENTS AS INVOLVED IN THE ALLEC CONDUCT: (Leave blank if inapplicable.) | GED INAPPROPRIATE   |
|--|---|
| CONDUCT: (Leave blank if inapplicable.)  |   |
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|  |   |
| NAME: N/A  |   |
| MAILING ADDRESS:   | 3 - 1   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR EV  | IDENCE THAT WOULD BE  |
| PRESENTED: N/A   |   |
| ALL THE STATEMENTS AND INFORMATION IN THI<br>AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  DATE: 11/28/17  COMPLAIN        | S COMPLAINT ARE TRUE  |
| Fred PRINT NAM STATE OF TEXAS  | I. Lew 15   |
|  |   |
| COUNTY OF INVIDE   |   |
| This instrument was acknowledged, sworn and subscribed b   | efore me by   |
| On the 28 day of November witness my hand and official seal.   | 2017 , to which   |
| Notary Public in and for the State of Texas  ENIVA TANDEL LOZONA LOPE Z  Typed or Printed Name of Notary               | ELVIRA TAYDEE LOZOYA-LOPEZ IN Notary Public STATE OF TEXAS My Comm. Exp. 12-04-17 |
|  |   |

## 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:   |
| 331-1 1-189  |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH IERON 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]:  |
| 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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| ATTACHMENTS AS INVOLVED IN CONDUCT: (Leave blank if inapplicable.) | THE ALLEGED INAPPROPRIATE   |
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| FF   | TE ELISTE THE PARTY.  |
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| 27.42.65   |   |
| MAILING ADDRESS:   |   |
| EMAIL ADDRESS [IF KNOWN]WITN                                       | ESSES OR EVIDENCE THAT WOULD BE   |
| PRESENTED: N/A   |   |
| ALL THE STATEMENTS AND INFORM<br>AND FACTUAL TO THE BEST OF MY K   | ATION IN THIS COMPLAINT ARE TRUE  |
| DATE: 11/28/17   | COMPLAINANT'S SIGNATURE   |
|  | Fred I. Lowis PRINT NAME  |
| STATE OF TEXAS   |   |
| COUNTY OF TRAVE  |   |
| This instrument was acknowledged, sworn a                          | and subscribed before me by   |
| Fred I. Lewis  |   |
| On the day of Novewitness my hand and official seal.               | ember, 2017, to which   |
| Notary Public in and for the State of Texas                        | ELVIRA TAYDEE LOZOYA-LOPEZ  Notary Public STATE OF TEXAS My Comm. Exp. 12-04-17 |
| Typed or Printed Name of Notary                                    |   |

## 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:   |
| AND CONTRACTOR OF THE DESIGNATION OF SHORE IN THE SECOND SERVICES AND SERVICES.  |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH IERON 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 7874  |
| 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) |
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| gode TAL PRODUCE ON THE BUSINESS   |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lobbyist's 2017 quarterly reports without compensation reported.  |
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| CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE ERSON COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.) |   |
|---|---|
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|   |   |
| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  |   |
| DATE: 11/28/17 COMPLAINANTS SIGNATURE   |   |
| PRINT NAME  |   |
| STATE OF TEXAS  |   |
| COUNTY OF TRAVE   |   |
| This instrument was acknowledged, sworn and subscribed before me by   |   |
| Fred I lewis  |   |
| On the day of November, 2017, to which witness my hand and official seal.   |   |
| Notary Public in and for the State of Texas  Notary Public in and for the State of Texas  |   |
| Typed of Printed Name of Notary   |   |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  |
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| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701  |
| PHONE NUMBER:512-636-1389  |
| EMAIL ADDRESS:   |
| THE STOP OF THE PARTY OF THE BEST OF THE STOP OF THE S |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH HRON 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]:   |
| 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)   |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The lobbyist's 2017 quarterly reports without compensation reported.  |
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| [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE ERSON COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.) |
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| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  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  |
| Fred I kewis   |
| On the day of November 2017, to which witness my hand and official seal.  Notary Public in and for the State of Texas  Notary Public in and for the State of Texas   |
| Typed or Printed Name of Wotary  |
|  |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  |                    |
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| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701  |                    |
| PHONE NUMBER:512-636-1389  | CICLY SKALLS       |
| EMAIL ADDRESS:   | BREICH HAM.        |
|  | MALLYLEDI          |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH ERON AGAINST. A LEGIZING STOLL OF A MODEL AND OFFICE OF THE FILE OF | TIVESHE TR         |
| NAME OF PERSON COMPLAINED AGAINST: Leah Bojo   |                    |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | Egil arkei         |
| MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Austin Texas 787   | 04                 |
| PHONE NUMBER [IF KNOWN]:   | <u> </u>           |
| EMAIL ADDRESS [IF KNOWN]:  | ZIVIO, ITVIE       |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CIT CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGE Failure to report client compensation, in violation of Austin City Code, Section 4   | Y CODE AND<br>GES. |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: The quarterly reports without compensation reported.  | lobbyist's 2017    |
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| NAME: N/A  |  |
| MAILING ADDRESS:                                 |  |
| EMAIL ADDRESS [IF KNOWN]W                        | TTNESSES OR EVIDENCE THAT WOULD E  |
| PRESENTED: N/A                                   |  |
|  | COMPLAINANT'S SIGNATURE  |
|  | Fred I Low 15 PRINT NAME   |
| STATE OF TEXAS                                   | www.self.com/controls.com/   |
| COUNTY OF TRAVE                                  | rezona (1701 - 11 av klist erik i rimed van<br>Historyk Burgust kezenskyrman i rivelj  |
| This instrument was acknowledged, swo            | orn and subscribed before me by  |
| Fred I Lewis                                     |  |
| On the day of witness my hand and official seal. | wember, 2017, to which   |
| 10 00 000 STRIT X94881819                        | ELVIRA TAYDEE LOZOYA-LOI   |
| Notary Public in and for the State of Te         | Notary Public STATE OF TEXAS My Comm. Exp. 12-04-17  |

# AUSTIN CITY CLERK

#### [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE / 11 /

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Le  MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 7  PHONE NUMBER:512-636-1389   | HOME THE A DECEMBER OF THE PARTY OF THE PART |
|--|--|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 7 PHONE NUMBER:512-636-1389  | 78701  |
| PHONE NUMBER:512-636-1389  | 0701   |
|  | MAHANG ADDRESS   |
| EMAIL ADDRESS:   | LATATE VOORESS (IEESVO)  |
|  | PRESENTED: NA  |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR E AGAINST.   | ALL THE STATINGENTS AND AND LATERES  |
|  | entraction   |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | F 1 352 13 10073   |
| MAILING ADDRESS: 200 Lee Barton Drive, Suite 100, Aus  | stin Texas 78704   |
| PHONE NUMBER [IF KNOWN]:   |  |
| EMAIL ADDRESS [IF KNOWN]:  |  |
|  | STATE OF TEXAS   |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE CHARTER PROVISIONS SEPARATELY ON THE FOLL  | OWING PAGES.   |
| Failure to report client compensation, in violation of Austin City C   | Code, Section 4-8-6 (A)(2)   |
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| WITNESSES OR EVIDENCE THAT WOULD BE PRESE quarterly reports without compensation reported.   | ENTED: The lobbyist's 2017   |
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| [IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK RGE ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)  |
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| CONDUCT: (Leave blank if inapplicable.)  |
| Terr 2 (2)   |
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|  |
| NAME: N/A  |
| MAILING ADDRESS:   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR EVIDENCE THAT WOULD BI  |
| PRESENTED: N/A   |
| ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.   |
| DATE: 11/28/17 COMPLAINANT'S SIGNATURE   |
| Fred I. Lewis PRINT NAME   |
| D297 JACK 1978-13870 J. 1131-12  |
| STATE OF TEXAS   |
| COUNTY OF TRAVE TO STATE TO ST |
| This instrument was acknowledged, sworn and subscribed before me by  |
| On the 28 day of November, 2017, to which witness my hand and official seal.   |
| Notary Public in and for the State of Texas  Elvira tandee Lorga Coper  Typed or Printed Name of Notary  |
|  |

## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

| NAME OF PERSON(S) FILING COMPLAINT: Fred I. Lewis  | and the contract of                        |
|--|--|
| MAILING ADDRESS: 309 East 11th, Suite 2, Austin Texas 78701_   |  |
| PHONE NUMBER: <u>512-636-1389</u>  | AS INC. OF HALL                            |
| EMAIL ADDDECC.   | the BANA WER.                              |
|  | TV N - 47 LSC Featile                      |
| PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH AGAINST.  |  |
| NAME OF PERSON COMPLAINED AGAINST: Pamela Mader  |  |
| CITY OFFICE, DEPARTMENT, COMMISSION:   | San en |
| MAILING ADDRESS 901 S. MoPac Expressway, Suite #500, Aus   | tin Texas 78746                            |
| PHONE NUMBER [IF KNOWN]:   |  |
| EMAIL ADDRESS [IF KNOWN]:  |  |
| PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING Failure to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation, in violation of Austin City Code, Separate to report client compensation compensation. | NG PAGES.                                  |
| At receive the   | 8.07.1                                     |
|  | The Residence of the second                |
| WITNESSES OR EVIDENCE THAT WOULD BE PRESENTE quarterly reports without compensation reported.  | D: The lobbyist's 2017                     |
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| ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE   |
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| CONDUCT: (Leave blank if inapplicable.)  |
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| 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 AND FACTUAL TO THE BEST OF MY KNOWLEDGE. |
| 2/1/   |
| DATE: 11/28/17 COMPLAINANTS SIGNATURE  |
| Fred I Law 15  |
| PRINT NAME   |
| STATE OF TEXAS   |
| COUNTY OF TRAVE  |
| This instrument was acknowledged, sworn and subscribed before me by                                    |
| Fred I Lawis   |
| On the 25th 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  Notary Public STATE OF TEXAS  |
| Typed or Printed Name of Notary  |
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## ETHICS REVIEW COMMISSION CHAPTER 2-7 CITY CODE COMPLAINT

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| 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 HEON 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]:  |
| 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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| ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIA  |   |
|---|---|
| CONDUCT: (Leave blank if inapplicable.)   |   |
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|   |   |
| NAME: N/A   |   |
| MAILING ADDRESS:  |   |
|   |   |
| EMAIL ADDRESS [IF KNOWN]WITNESSES OR EVIDENCE THAT WO   | OLD BE  |
| PRESENTED: N/A  |   |
| ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.  DATE: 11/28/17  COMPLAINANT'S SIGNATURE  FIELT. Lowers | TRUE  |
| PRINT NAME  | 9   |
| STATE OF TEXAS  |   |
| COUNTY OF TRAVE   |   |
| This instrument was acknowledged, sworn and subscribed before me by   |   |
| Fred I. kw 15   |   |
| On the 28th day of November, 2017, to which witness my hand and official seal.  | h   |
|   | LOZOYA-LOPEZ<br>Public<br>F TEXAS<br>Xp. 12-04-17 |
|   |   |