



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: Reporting Guide

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

FOR BEST RESULTS, PLEASE USE ADOBE READER OR ADOBE ACROBAT WHEN FILLING OUT THE FORM.

LOBBYIST NAME	Title MR.			First Name* G. FERRIS		Middle 	
	Last Name* CLEMENTS			Suffix III			
	☐ 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 Entity/Organization Name* 						
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 of my most recent Quarterly Activity Report
- ☐ 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		Suite or Apartment Number
	<input type="text" value="70 PASCAL LANE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>
	Property Legal Description		
	<input type="text"/>		

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

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

Add Additional Municipal Question

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

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

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

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

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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| ☐ Aviation | ☐ Human Rights or Immigration | ☒ 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		Suite or Apartment Number
	4300 STAGGERBRUSH ROAD		
	City	State	Zip Code
	AUSTIN	TX	78749
	Property Legal Description		

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="710 WEST AVE"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Property Legal Description		
	<input type="text"/>		

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

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

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

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

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

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

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
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	Address		Suite or Apartment Number
	NW QUADRANT OF PEARCE LN & WOLF LN INT		
	City	State	Zip Code
	CEDAR CREEK	TX	78612
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
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	Address		Suite or Apartment Number
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Legal Description			
<input type="text" value="MCCORMICK RANCH ON LAKE AUSTIN"/>			

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

- | | | |
|---|--|--|
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| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: <input type="text"/> | |

Add Additional Municipal Question

Delete this page



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

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

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

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

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

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

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

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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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
	1800 WESTLAKE PASS		
	City	State	Zip Code
	AUSTIN	TX	78746
	Property Legal Description		

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

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

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

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

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

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	<input type="text" value="6001 AIRPORT ROAD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78752"/>
	Property Legal Description		
	<input type="text"/>		

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

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

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

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

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

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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
	<input type="text" value="304 E. CESAR CHAVEZ"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
Property Legal Description			
<input type="text"/>			

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1901 SAN ANTONIO STREET		
	City	State	Zip Code
	AUSTIN	TX	78705
	Property Legal Description		

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

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

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	NW CORNER OF SLAUGHTER AND IH-35		
	City	State	Zip Code
	AUSTIN	TX	78745
	Property Legal Description		

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

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

Add Additional Municipal Question

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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
	<input type="text" value="5210 N LAMAR BLVD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78751"/>
	Property Legal Description		
	<input type="text"/>		

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

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

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

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

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

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

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	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
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text"/>		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5521 SPRINGDALE ROAD		
	City	State	Zip Code
	AUSTIN	TX	78723
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1109 S. PLEASANT VALLEY ROAD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78741
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS		
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
	1600 WICKERSHAM LANE		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENNTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS		
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
	1225 S. PLEASANT VALLEY ROAD		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO REZONING AND ANY RELATED SITE PERMITS		
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
	4700 E. RIVERSIDE DRIVE		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1515 WICKERSHAM LANE		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	2033 E 5TH STREET		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	501 NAVASOTA STREET		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

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

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

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1402, 1406, AND 1410 E. 5TH STREET		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 2511 W. BRAKER LANE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78758
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 4400 MESA WOODS DRIVE		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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
Property Legal Description			
LOT 1 VELOCITY TECHNOLOGY CENTER			

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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
	1600 S. LAMAR		
	City	State	Zip Code
	AUSTIN	TX	78704
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☐ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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
	1438 YAGER LANE		
	City	State	Zip Code
	AUSTIN	TX	78753
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
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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
	3702 BLUESTEIN DRIVE		
	City	State	Zip Code
	AUSTIN	TX	78721
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 2552 GUADALUPE 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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
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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 109 E. 7TH 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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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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		Suite or Apartment Number
	7016 RIBELEN RANCH DRIVE		
	City	State	Zip Code
	AUSTIN	TX	78750
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 9505 STONELAKE BLVD.		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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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 15218 AND 15230 N. FM 620		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78717
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 3803 AVENUE B		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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
| ☒ Economic Development | ☐ Other: | |

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

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	4701 RED BLUFF ROAD		
	City	State	Zip Code
	AUSTIN	TX	78702
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	COMPLIANCE WITH VARIOUS CODE REQUIREMENTS
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<div>☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.</div> <div><div>Address</div><div>2400 S. CONGRESS AVENUE</div></div> <div><div>Suite or Apartment Number</div><div></div></div> <div><div>City</div><div>AUSTIN</div></div> <div><div>State</div><div>TX</div></div> <div><div>Zip Code</div><div>78704</div></div> <div><div>Property Legal Description</div><div></div></div>

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5101 E. OLTORF STREET		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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
	5010 E. OLTORF STREET		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5208 E. OLTORF STREET		
	City	State	Zip Code
	AUSTIN	TX	78741
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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 2424 RIVERSIDE FARMS ROAD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78741
	Property Legal Description		

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ZONING AND NEIGHBORHOOD PLAN AMENDMENT APPLICATIONS		
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
	8105 BURNET ROAD		
	City	State	Zip Code
	AUSTIN	TX	78757
	Property Legal Description		

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

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

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 12515 RESEARCH BLVD		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 | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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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 S. IH 35 SERVICE RD. NB		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78744
	Property Legal Description		

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 7300 N. RR 620		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78726
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	MCKALLA PLACE		
	City	State	Zip Code
			78758
	Property Legal Description		
	LOT 1 BRAKER AT BURNET SECTION 4		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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| ☐ Annexation | ☐ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 6310 WILHELMINA DELCO DR.		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78752
	Property Legal Description		

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	6505 AIRPORT BLVD		
	City	State	Zip Code
	AUSTIN	TX	78752
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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| ☐ Contracts or Procurement | ☒ Neighborhoods | ☒ Zoning or Platting |
| ☒ Diversity, Equity, or Inclusion | ☒ Parks, Recreation, Libraries, or Museums | |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 12600 MCCALLEN PASS		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78753
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	70 RAINEY STREET		
	City	State	Zip Code
	AUSTIN	TX	78701
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
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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
	305 S. CONGRESS AVE		
	City	State	Zip Code
	AUSTIN	TX	78704
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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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
	<input type="text"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Legal Description		
	<input type="text" value="ABS 160 SUR 50 CASTRO M ACR 130.4580 (1-D-1)"/>		

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

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

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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1500 W 35TH STREET		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78703
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ Environmental Matters, Air or Water Quality, or Watershed Protection | ☒ Permits (Building, Site Plans) |
| ☒ Affordability | ☒ Finance, Budget, or Investments | ☒ Permits (Other) |
| ☐ Animals | ☐ Health, Healthcare, Mental Health, or Human Services | ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| ☐ Annexation | ☒ Historic Preservation | ☒ Public Utilities, Energy, Water, Solid Waste, or Recycling |
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| ☐ Aviation | ☐ Human Rights or Immigration | ☒ Real Estate |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
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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
	5505 PARADOX COVE		
	City	State	Zip Code
	AUSTIN	TX	78731
Property Legal Description			
PROPERTY OWNER			

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

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

Add Additional Municipal Question

Delete this page



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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="PACITTI"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="300 W. 6TH STREET"/>	Client Apartment or Suite Number <input type="text" value="STE 2300"/>	
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="KIPP AUSTIN"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="8509 FM 696"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78724"/>
	Nature of Client's Business* <input type="text" value="EDUCATION"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	GALLEGOS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	5515 BALCONES DRIVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78731
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CIRRUS LOGIC, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 800 W. 6TH	Client Apartment or Suite Number <input type="text"/>	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* TECHNOLOGY		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CARMA TEXAS, INC	Client Suffix <input type="text"/>	
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* ENDEAVOR REAL ESTATE GROUP, LLC	Client Suffix <input type="text"/>	
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$10,000 - \$24,999	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="QUALICO CR, L.P."/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1440 THE LAKES BLVD"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="PFLUGERVILLE"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78660"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC	Client Suffix <input type="text"/>	
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* YETI COOLER, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5301 SOUTHWEST PARKWAY		Client Apartment or Suite Number STE 200
	Client City* AUSTTN	Client State* TX	Client Zip Code* 78735
	Nature of Client's Business* RETAILER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="EURUS 8701 ATRIUM LLC"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="7200 N. MOPAC"/>		Client Apartment or Suite Number <input type="text" value="STE 450"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78731"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="LINCOLN PROPERTY COMPANY"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2000 MCKINNEY AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 100"/>
	Client City* <input type="text" value="DALLAS"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="75201"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$10,000 - \$24,999"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	MCHALE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	111 CONGRESS AVE		STE 3000
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>	Client Apartment or Suite Number <input type="text"/>	
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	OR <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* Indicates a required field

Add Another Client Page

Delete this page



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Section 3: Client

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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="THE KUCERA COMPANY"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="7200 N. MOPAC"/>		Client Apartment or Suite Number <input type="text" value="STE 450"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78731"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="REDLEAF HIGHLAND, LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4015 GUADALUPE ST"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78751"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	WHITE LODGING SERVICES CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	701 E. 83RD AVE		STE 17
	Client City*	Client State*	Client Zip Code*
	MERRILLVILLE	IN	46410
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	BARSHOP & OLES COMPANY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	801 CONGRESS AVE		STE 300
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="HEB GROCERY STORES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="646 SOUTH MAIN"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="SAN ANTONIO"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78204"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	OR <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* HEB/ CHARES BUTT (HOLDSWORTH CENTER)		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 646 SOUTH MAIN		Client Apartment or Suite Number <input type="text"/>
	Client City* SAN ANTONIO	Client State* TX	Client Zip Code* 78204
	Nature of Client's Business* EDUCATIONAL CENTER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>		Client Suffix <input type="text"/>
	183 BLW, LP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	P.O. BOX 9190		
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN TX 78766		
	Nature of Client's Business* <input type="text"/>		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	\$0 (No Compensation Received)	OR <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
	2501 W. BRAKER, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>	Client Apartment or Suite Number <input type="text"/>	
	1601 MOPAC EXPRESSWAY		STE 175
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN TX 78746		
	Nature of Client's Business* <input type="text"/>		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	less than \$10,000	OR
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	AUSTIN ACHIEVE SCHOOLS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	5908 MANOR ROAD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78723
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="AUSTIN BAPTIST CHURCH"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="823 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 111"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="RELIGIOUS ASSEMBLY"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	BLENHEIM CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	4716 ST. JOHN'S DR		
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75205
	Nature of Client's Business*		
	RESIDENTIAL REAL ESTATE ORGANIZATION		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	BROCK CONSULTING GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	P.O. BOX 160340		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78716
	Nature of Client's Business*		
	RESIDENTIAL REAL ESTATE ORGANIZATION		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 823 CONGRESS AVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC	Client Suffix <input type="text"/>	
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	DOWNTOWN AUSTIN ALLIANCE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	211 E. 7TH STREET		STE 818
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	ADVOCACY ORGANIZATION		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	GABLES RESIDENTIAL		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	608 AUSTIN CENTER BLVD		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HELPING HAND HOME FOR CHILDREN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3804 AVENUE B		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business*		
	NON-PROFIT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$10,000 - \$24,999	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HPI REAL ESTATE & SERVICES INVESTMENT		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3600 N. CAPITAL OF TEXAS HWY		BLDG B, STE 250
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78746
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC		Client Suffix <input type="text"/>
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* MEREDITH FAMILY REVOCABLE TRUST		Client Suffix <input type="text"/>
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	OR <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	PARKE PROPERTIES I, L.P.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	1411 SLEDGE DRIVE		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78734
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$10,000 - \$24,999	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="PARKER"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4213 HIDDEN CANYON COVE"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78746"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="POWERFIN PARTNERS"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="100 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="17TH FLOOR"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="REDDEHASE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="715 GOLF CREST LN"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78734"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="ROBINSON RANCH"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO BOX 9556"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78766"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="RYAN STREET & ASSOCIATES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2414 EXPOSITION BLVD"/>		Client Apartment or Suite Number <input type="text" value="STE B-140"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78703"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$10,000 - \$24,999	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	TRAMMELL CROW		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 CONGRESS AVE		STE 225
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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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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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	TRAVIS HOTEL GROUP, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2711 N HASKELL AVE		STE 2800
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75204
	Nature of Client's Business*		
	HOSPITALITY		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page

Delete this 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, INC.		Client Suffix <input type="text"/>
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

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 (No Compensation Received)	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="W&G PARTNERSHIP"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2801 VIA FORTUNA"/>		Client Apartment or Suite Number <input type="text" value="STE 525"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78746"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HYDE PARK BAPTIST CHURCH		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3901 SPEEDWAY		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78751
	Nature of Client's Business*		
	RELIGIOUS ASSEMBLY		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	HI TECH AUTO GROUP		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3800 SOUTHWEST FREEWAY		STE 300
	Client City*	Client State*	Client Zip Code*
	HOUSTON	TX	77024
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	MANIFOLD REAL ESTATE		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	PO BOX 200463		
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78720
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1 BLACK & GOLD BLVD		Client Apartment or Suite Number <input type="text"/>
	Client City* COLUMBUS	Client State* OH	Client Zip Code* 43211
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$25,000 - \$49,999	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="INTREPID EQUITY INVESTMENTS LLC"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="8140 N. MOPAC"/>		Client Apartment or Suite Number <input type="text" value="SUITE 4-145"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78759"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	NRE EDGE, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	3100 MCKINNON STREET		STE 250
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75201
	Nature of Client's Business*		
	PROPERTY OWNER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* BP RIVERSIDE WEST, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3100 MCKINNON STREET		Client Apartment or Suite Number STE 250
	Client City* DALLAS	Client State* TX	Client Zip Code* 75201
	Nature of Client's Business* PROPERTY OWNER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="NRE TOWN LAKE PROPERTY OWNER, LLC"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1801 CENTURY PARK WEST"/>		Client Apartment or Suite Number <input type="text" value="5TH FLOOR"/>
	Client City* <input type="text" value="LOS ANGELES"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="90067"/>
	Nature of Client's Business* <input type="text" value="PROPERTY OWNER"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* BALLPARK AUSTIN, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1801 CENTURY PARK WEST	Client Apartment or Suite Number 5TH FLOOR	
	Client City* LOS ANGELES	Client State* CA	Client Zip Code* 90067
	Nature of Client's Business* PROPERTY OWNER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="NRE ZONE LLC"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3100 MCKINNON STREET"/>		Client Apartment or Suite Number <input type="text" value="STE 250"/>
	Client City* <input type="text" value="DALLAS"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="75201"/>
	Nature of Client's Business* <input type="text" value="PROPERTY OWNER"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	RIVERSIDE RESOURCES		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 CONGRESS AVENUE		STE 1450
	Client City*		Client State* Client Zip Code*
	AUSTIN		TX 78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	Nature of Client's Business* <input type="text"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text"/>	(\$) Exact Amount <input type="text"/>
	<input type="text"/> \$0 (No Compensation Received)	OR <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.	
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>	

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	TMINE, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	9 W. 57TH STREET		
	Client City*	Client State*	Client Zip Code*
	NEW YORK	NY	10019
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$10,000 - \$24,999	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="IDEA PUBLIC SCHOOLS"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1822 W. BRAKER LANE"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78708"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="RED BLUFF PARTNERS, LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="11036 ARROYO CANYON DRIVE"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78736"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE INVESTMENT/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="ZIPS DRY CLEANERS"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1803 S. LAMAR BLVD."/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78704"/>
	Nature of Client's Business* <input type="text" value="RETAILER"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="\$0 (No Compensation Received)"/>	OR	(\$ Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	SLATE REAL ESTATE PARTNERS		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	811 KATY FREEWAY I		STE 925
	Client City*	Client State*	Client Zip Code*
	HOUSTON	TX	77024
	Nature of Client's Business*		
	REAL ESTATE/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	less than \$10,000	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", 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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="KARLIN REAL ESTATE LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="500 W. 2ND STREET"/>	Client Apartment or Suite Number <input type="text" value="STE 1400"/>	
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78701"/>
	Nature of Client's Business* <input type="text" value="REAL ESTATE/ DEVELOPMENT"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	PAGE SOUTHERLAND PAGE, INC.		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	400 W. CESAR CHAVEZ ST.		STE 500
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	\$0 (No Compensation Received)	OR	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):		

* Indicates a required field

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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* CLARENDON COMPANY, LLC		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. BOX 530255		Client Apartment or Suite Number <input type="text"/>
	Client City* ATLANTA	Client State* GA	Client Zip Code* 30353
	Nature of Client's Business* REAL ESTATE/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this 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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	RYAN COMPANIES, INC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	100 CONGRESS AVE		STE 100
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

Add Another Client Page

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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 Title	Client First Name*	Middle
	Organization Name or Client Last Name, as applicable*		Client Suffix
	GREYSTAR		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	812 SAN ANTONIO		STE 600
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	78701
	Nature of Client's Business*		
	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

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

* Indicates a required field

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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 Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* THE FERBER COMPANY, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 151 SAWGRASS CORNERS DRIVE		Client Apartment or Suite Number STE 202
	Client City* POINTE VERDRA BEACH	Client State* FL	Client Zip Code* 32082
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* 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 Title <input type="text"/>	Client First Name* DAVID	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* BOOTH	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4929 RANCH ROAD 2222		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78731
	Nature of Client's Business* PROPERTY OWNER		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
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 <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

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

* Indicates a required field

Add Another Employee Page

Delete this page

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3/16/2018



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



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 Title	Payee First Name*		
	Organization Name or Payee Last Name, as applicable*		Payee Suffix	
	☐ 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.

MR. G. FERRIS CLEMENTS, III

Typed Name

1/16/2019

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.