Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Office Use Only ☐

Section 1: Cover Sheet

Use this form to:

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

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

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

LOBBYIST NAME	Title: First Name*: Josiah Middle: Last Name*: Stevenson Suffix: ☐ My employer is a 501c(3) non-profit organization
EMPLOYING ENTITY	☒ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf Entity/Organization Name*: South Llano Strategies
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*: 4527 N Lamar Blvd Apartment or Suite Number: 3141 City*: Austin State*: TX Zip Code*: 78751
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*: PO Box 49444 Apartment or Suite Number: City*: Austin State*: TX Zip Code*: 78765

* Indicates a required field

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

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Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning/Watershed/Compliance/Feasibility
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address: 7715 Delwau

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78725

Property Legal Description: ABS 4 SUR 19 BURLESON J ACR 11.7

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

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

Add Additional Municipal Question | Delete this page

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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address: 3524 Gonzales

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78702

Property Legal Description:

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address: 6901 Bluff Springs Road

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78744

Property Legal Description:

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

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Transportation, Zoning, Utilities

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
6801 Lamar	

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning, affordable housing

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
2107 Alamo	

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
- ☒ Affordability
- ☐ Animals
- ☐ Annexation
- ☐ Arts, Music, Film, Cultural or Creative Industries
- ☐ Aviation
- ☐ City Infrastructure or Public Works
- ☐ Civil Service, Municipal Employment, or Retirement Systems
- ☐ Code Compliance
- ☐ Construction
- ☐ Contracts or Procurement
- ☐ Diversity, Equity, or Inclusion
- ☐ Economic Development
- ☐ Environmental Matters, Air or Water Quality, or Watershed Protection
- ☐ Finance, Budget, or Investments
- ☐ Health, Healthcare, Mental Health, or Human Services
- ☐ Historic Preservation
- ☐ Hospitality, Tourism, Events, or Convention Center
- ☐ Human Rights or Immigration
- ☐ Labor or Workforce
- ☒ Land Development or Land Use
- ☐ Municipal Court
- ☐ Municipal Legislation
- ☐ Neighborhoods
- ☐ Parks, Recreation, Libraries, or Museums
- ☐ Other:
- ☐ Permits (Building, Site Plans)
- ☐ Permits (Other)
- ☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
- ☐ Public Utilities, Energy, Water, Solid Waste, or Recycling
- ☐ Quality of Life Affairs
- ☒ Real Estate
- ☐ Rules, Proposed Rules, or Rule Making
- ☐ Taxation or Fees
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning, Site 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: 7715 Old Bee Cave Rd

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78735

Property Legal Description:

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

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

Address: 1602 W Lynn

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

Address: 3207 W Slaughter

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78748

Property Legal Description:

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

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

Address: 4905 Convict Hill Rd

Suite or Apartment Number:

City: Austin

State: TX

Zip Code: 78749

Property Legal Description:

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

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

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
2008, 2012, & 2016 E Cesar Chavez	

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

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Utility Service Extension Request / System Planning

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

ABS 690 SUR 54 SANDERS W H ACR 29.2390

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

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

Add Additional Municipal Question | Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Riverside Resources
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 100 Congress Avenue Client Apartment or Suite Number: 1450 Client City*: Austin Client State*: TX Client Zip Code*: 78701 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☒ Client is an individual	Client Title: Client First Name*: Anmol Middle: Organization Name or Client Last Name, as applicable*: Mehra Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 79 Chandler Street Client Apartment or Suite Number: Client City*: Boston Client State*: MA Client Zip Code*: 02116 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Greenstar Development
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: PO box 5645 Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78763 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Stoneridge LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3839 Bee Caves Road Client Apartment or Suite Number: Client City*: Westlake Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Buda Bluff LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3839 Bee Caves Road Client Apartment or Suite Number: Suite 200 Client City*: Westlake Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☒ Client is an individual	Client Title: Client First Name*: Noah Middle: Organization Name or Client Last Name, as applicable*: Zimmerman Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9890 Bodega Hwy. Client Apartment or Suite Number: Client City*: Sebastopol Client State*: CA Client Zip Code*: 95472 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☒ Client is an individual	Client Title: Client First Name*: Najib Middle: Organization Name or Client Last Name, as applicable*: Wehbe Client Suffix:
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 5902 Mountain Villa Dr Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78731 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Delwau LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 9890 Bodega Hwy Client Apartment or Suite Number: Client City*: Sebastopol Client State*: CA Client Zip Code*: 95472 Nature of Client's Business*: Real Estate Development

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* The Riskind Group LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 4840 Twin Valley Dr Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78731 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Colina West
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 8834 N Capital of Texas Highway Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78759 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Thrive FP
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 809 N Cuernavaca Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78733 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* The Shapiro Family
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 3101 Bee Caves Rd Client Apartment or Suite Number: 270 Client City*: Austin Client State*: TX Client Zip Code*: 78746 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

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

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

CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable* Emergence TR 2020 SoCo LLC
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*: 1708 Willow St Client Apartment or Suite Number: Client City*: Austin Client State*: TX Client Zip Code*: 78702 Nature of Client's Business*: Real Estate

Section 3b: Client Compensation

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

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

* Indicates a required field

Add Another Client Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

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

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

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

* Indicates a required field

Add Another Employee Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

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

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

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

No Activity Confirmation

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

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

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

EXPENDITURE TOTALS

(Blank values will be interpreted as $0)

($) Reimbursement to Others	$0.00
($) Food and Beverages	$0.00
($) Transportation and Lodging	$0.00
($) Gifts (other than Awards and Mementos)	$0.00
($) Entertainment	$0.00
($) Awards and Mementos	$0.00
($) Honorariums	$0.00
($) Attendance of Council Members at Charitable Events or Fundraisers	$0.00
($) Media Communications (broadcast, print, advertising, etc.)	$0.00
($) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	$0.00

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

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

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

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

PAYEE NAME AND BUSINESS INTEREST

☐ Payee is an individual

Organization Name or Payee Last Name, as applicable*

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

If yes, First Name of City Official

Last Name of City Official

Department of City Official

Job Title of City Official

PAYEE ADDRESS

Payee Address/ PO Box*

Payee Apartment or Suite Number

Payee City*

Payee State*

Payee Zip Code*

EXPENDITURE DETAILS

($) Expenditure Amount*

Expenditure Date*

Category*

Purpose of the Expenditure*

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

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

Lobbyist Reporting Form

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 8: Declaration and Electronic Submission

DECLARATION

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

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

Josiah Stevenson	5/6/2019
Typed Name	Report Date*

Electronic Submission and Signature

☒ I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.