



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	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td>MR.</td><td>G. FERRIS</td><td></td></tr><tr><td colspan="2">Last Name*</td><td>Suffix</td></tr><tr><td colspan="2">CLEMENTS</td><td></td></tr><tr><td colspan="3">☐ My employer is a 501c(3) non-profit organization</td></tr></table>	Title	First Name*	Middle	MR.	G. FERRIS		Last Name*		Suffix	CLEMENTS			☐ My employer is a 501c(3) non-profit organization		
Title	First Name*	Middle														
MR.	G. FERRIS															
Last Name*		Suffix														
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☐ My employer is a 501c(3) non-profit organization																
EMPLOYING ENTITY	<table><tr><td>☐ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</td></tr><tr><td>Entity/Organization Name*</td></tr><tr><td></td></tr></table>	☐ My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf	Entity/Organization Name*													
☐ 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	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 CONGRESS AVE</td><td colspan="2">STE 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number		100 CONGRESS AVE	STE 1300		City*	State*	Zip Code*	AUSTIN	TX	78701			
Permanent Business Street Address*	Apartment or Suite Number															
100 CONGRESS AVE	STE 1300															
City*	State*	Zip Code*														
AUSTIN	TX	78701														
LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>100 CONGRESS AVE</td><td colspan="2">STE 1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78701</td></tr></table>	Business Mailing Address*	Apartment or Suite Number		100 CONGRESS AVE	STE 1300		City*	State*	Zip Code*	AUSTIN	TX	78701			
Business Mailing Address*	Apartment or Suite Number															
100 CONGRESS AVE	STE 1300															
City*	State*	Zip Code*														
AUSTIN	TX	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

Delete this page

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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) |
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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) |
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| ☒ 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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| ☒ 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
	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) |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 6500 RR 2222		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78730
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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
	2300 CLOUD WAY		
	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) |
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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

- | | | |
|---|--|--|
| ☐ 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" value="220 S. 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 |
| ☐ 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

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
	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 |
| ☒ 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
	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 | |
| ☒ 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 6001 AIRPORT ROAD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78752
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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
	<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 |
| ☐ 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
	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 |
| ☒ 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 S. CONGRESS AND RALPH ABLENADO		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78701
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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 5210 N LAMAR BLVD		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78751
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address E. STATE HWY 71		Suite or Apartment Number
	City DEL VALLE	State TX	Zip Code 78617
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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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| ☒ Construction | ☐ Municipal Legislation | ☒ Transportation or Mobility |
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| ☒ Economic Development | ☐ Other: | |

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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" value="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) |
| ☐ 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
	<input type="text" value="5521 SPRINGDALE ROAD"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78723"/>
	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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| ☐ 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 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: | |

Add Additional Municipal Question

Delete this page



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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 1600 WICKERSHAM LANE		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*	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 |
| ☒ 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 4700 E. RIVERSIDE DRIVE		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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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 1515 WICKERSHAM LANE		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 |
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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		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: | |

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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 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 |
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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: | |

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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 |
| ☐ 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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| ☒ 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 |
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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
	4400 MESA WOODS DRIVE		
	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 |
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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="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 |
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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
	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 |
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| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☐ Rules, Proposed Rules, or Rule Making |
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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
	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 |
| ☐ 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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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 |
| ☒ 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
	2552 GUADALUPE 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 |
| ☒ 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
	109 E. 7TH 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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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: | |

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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
	9505 STONELAKE BLVD.		
	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 | |
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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
	15218 AND 15230 N. FM 620		
	City	State	Zip Code
	AUSTIN	TX	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 | |
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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
	3803 AVENUE B		
	City	State	Zip Code
	AUSTIN	TX	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 |
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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 |
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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
	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 |
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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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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 | |
| ☒ 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
	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 |
| ☐ 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
	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) |
| ☐ 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
	2424 RIVERSIDE FARMS 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 |
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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 |
| ☒ 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
	12515 RESEARCH BLVD		
	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 |
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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: | |

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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
	7300 N. RR 620		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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 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 |
| ☐ Arts, Music, Film, Cultural or Creative Industries | ☐ Hospitality, Tourism, Events, or Convention Center | ☐ Quality of Life Affairs |
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| ☒ 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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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
	12600 MCCALLEN PASS		
	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 |
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| ☒ 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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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) |
| ☐ 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 |
| ☒ 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
	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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| ☒ 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 |
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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 |
| ☐ 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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| ☒ 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
	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: | |

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Delete this page



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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
	7309 S. 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: | |

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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
	2323 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 | |
| ☒ 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
	11902 BURNET ROAD		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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
	11921 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 1122 E. 51st Street		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 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 |
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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
	4824 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 | ☒ 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 |
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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
	200 E. RIVERSIDE DRIVE		
	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 |
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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
	411, 413 E. 30TH STREET AND 2906 DUVAL		
	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 |
| ☒ 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		Suite or Apartment Number
	9101 RESEARCH BLVD.		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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
	425 W. RIVERSIDE DRIVE		
	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 |
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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 |
| ☒ 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
	7731 MANCHACA ROAD		
	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) |
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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 |
| ☐ 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
	1100 EAST 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: | |

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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
	200 TRINITY 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 | |
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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
	705 E. 11TH 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 |
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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
	2415 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 |
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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 N. LAMAR BLVD.		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 | |
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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
	10435 BURNET ROAD		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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
	4836 E. STATE HIGHWAY 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) |
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| ☐ 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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| ☒ 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		Suite or Apartment Number
	1300 E. 4TH STREET		
	City	State	Zip Code
	AUSTN	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) |
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| ☐ 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
	92 RED RIVER 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 |
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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
	715 S. EXPOSITION BLVD.		
	City	State	Zip Code
	AUSTIN	TX	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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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 6401 FM 2222 RD.		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78730
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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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| ☐ Civil Service, Municipal Employment, or Retirement Systems | ☒ Land Development or Land Use | ☒ Taxation or Fees |
| ☒ 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
	5900 CAMERON 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: | |

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
	73 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) |
| ☐ 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
	600 N. LAMAR BLVD		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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
	8176 N. 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 | |
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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
	712 CONGRESS AVENUE		
	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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| ☒ 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
	601 W. 2ND 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 |
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| ☒ 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
	E WILLIAM CANNON & MCKINNEY FALLS PKWY		
	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) |
| ☐ 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
	10400 RESEARCH BLVD.		
	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 |
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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
	2308 RIO GRANDE		
	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 |
| ☒ City Infrastructure or Public Works | ☐ Labor or Workforce | ☒ Rules, Proposed Rules, or Rule Making |
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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	ANDERSON MILL RD & N. FM 620		
	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 |
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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
	7710 N. FM 620		
	City	State	Zip Code
	AUSTIN	TX	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 |
| ☐ 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
	7731 MANCHACA ROAD		
	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: | |

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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. WILLIAM CANNON & MCKINNEY FALLS PKWY		
	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) |
| ☐ 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
	321 W. 6TH 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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PROPERTY ADDRESS OR LEGAL DESCRIPTION	☐ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 701 WEST 6TH 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 |
| ☐ 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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| ☒ 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
	<input type="text" value="6121 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 |
| ☐ 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="1155 BARTON SPRINGS"/>		<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 |
| ☐ 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
	<input type="text" value="2313 LAKE AUSTIN BLVD."/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78703"/>
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*	NEW CODE ANALYSIS
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>Suite or Apartment Number</div><div>City</div><div>State</div><div>Zip Code</div><div>Property Legal Description</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: CODE ANALYSIS | |

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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 220 FOREMOST DR.		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78745
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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*	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 2355 WINDY HILL		Suite or Apartment Number
	City Kyle	State TX	Zip Code 78640
	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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| ☐ 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 |
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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 13501 N. IH 35		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 |
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| ☒ 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
	1911 SAN ANTONIO ST.
	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 |
| ☒ 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		Suite or Apartment Number
	7901 W. US 290		
	City	State	Zip Code
	JOHNSON CITY	TX	78636
	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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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 712 E. HUNT LAND AVE		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
	E. PARKER LN. & HARRIS RIDGE BLVD.		
	City	State	Zip Code
	AUSTIN	TX	78754
	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
	City	State	Zip Code
Property Legal Description			
LOTS 7-12 BLOCK 31 AND LOTS 7-12 BLOCK 32 ORIGINAL CITY OF AUSTIN			

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*	DEVELOPMENT OF PRACTICE FIELDS		
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
	WOLF & PEARCE LN		
	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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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="10549 W. HWY 71"/>		<input type="text"/>
	City	State	Zip Code
	<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78735"/>
	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
	6506 DECKER LN		
	City	State	Zip Code
	AUSTIN	TX	78724
	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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| ☒ Code Compliance | ☐ Municipal Court | ☐ Technology or Communications |
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| ☒ 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 601 & 610 CARDINAL LANE		Suite or Apartment Number
	City AUSTIN	State TX	Zip Code 78704
	Property Legal Description		

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

- | | | |
|---|--|--|
| ☐ Accessibility or Persons with Disabilities | ☒ 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		Suite or Apartment Number
	3405 S. 1ST STREET		
	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
	2019, 2005, 2001 & 2003 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 |
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| ☒ 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			
LOTS 6 AND 14 PARMER BUSINESS PARK			

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 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*	WAYFINDING / MARKETING		
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" value="NEW CODE ANALYSIS"/> | |

Add Additional Municipal Question

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

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

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

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

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	NEW CODE ANALYSIS FOR SPECIFIC PROPERTY		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	☒ This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 2315 LAKE AUSTIN BLVD.		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 |
| ☐ 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* CHRIS	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* PACITTI	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 300 W. 6TH STREET		Client Apartment or Suite Number STE 2300
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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" 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

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* 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* \$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



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="ORACLE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="9515 TOWNE CENTRE DR."/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="SAN DIEGO"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="92121"/>
	Nature of Client's Business* <input type="text" value="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* <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



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="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="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* 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* \$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* 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* 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
	LINCOLN PROPERTY COMPANY		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	2000 MCKINNEY AVE		STE 100
	Client City*	Client State*	Client Zip Code*
	DALLAS	TX	75201
	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
	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

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="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="\$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* STREAM REALTY	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 515 CONGRESS AVE		Client Apartment or Suite Number STE 1300
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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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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 <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="BARSHOP & OLES COMPANY"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="801 CONGRESS AVE"/>		Client Apartment or Suite Number <input type="text" value="STE 300"/>
	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 <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* HEB/ CHARLES BUTT (HOLDWORTH 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* 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* \$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



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="FASKEN OIL AND RANCH"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3600 BEE CAVES ROAD"/>		Client Apartment or Suite Number <input type="text" value="STE 200"/>
	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* 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	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"/>	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"/>
	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 <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="BLENHEIM CORPORATION"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="4716 ST. JOHN'S DR"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="DALLAS"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="75205"/>
	Nature of Client's Business* <input type="text" value="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* <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* BROCK CONSULTING GROUP		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* P.O. BOX 160340		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 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* 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* 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 <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="GABLES RESIDENTIAL"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="6850 AUSTIN CENTER BLVD."/>		Client Apartment or Suite Number <input type="text" value="STE 200"/>
	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

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
	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="HPI REAL ESTATE & SERVICES INVESTMENT"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3600 N. CAPITAL OF TEXAS HWY"/>		Client Apartment or Suite Number <input type="text" value="BLDG B, STE 250"/>
	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* 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

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="PARKE PROPERTIES I, L.P"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1411 SLEDGE 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="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* ROBINSON RANCH	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 9556		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78766
	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* \$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



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"/>	
	<input type="text"/>		<input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	<input type="text"/>		<input type="text"/>
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	<input type="text"/>		<input type="text"/>
	Nature of Client's Business* <input type="text"/>		
	<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"/>	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* THE UNIVERSITY OF TEXAS SYSTEM		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 201 WEST 7TH STREET		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 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* \$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



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* TRAMMELL CROW	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 100 CONGRESS AVE	Client Apartment or Suite Number STE 225	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78701
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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* TRAVIS HOTEL GROUP, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2711 N HASKELL AVE	Client Apartment or Suite Number STE 2800	
	Client City* DALLAS	Client State* TX	Client Zip Code* 75204
	Nature of Client's Business* HOSPITALITY		

Section 3b: Client Compensation

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* 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



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* W&G PARTNERSHIP	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 2801 VIA FORTUNA	Client Apartment or Suite Number STE 525	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78746
	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

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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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="3901 SPEEDWAY"/>		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="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="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="MANIFOLD REAL ESTATE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="PO BOX 200463"/>		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="78720"/>
	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

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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* 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

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
	INTREPID EQUITY INVESTMENTS LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*		Client Apartment or Suite Number
	8140 N. MOPAC		SUITE 4-145
	Client City*	Client State*	Client Zip Code*
	AUSTIN	TX	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*	(\$)	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="NRE EDGE, 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="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* 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

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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* NRE TOWN LAKE PROPERTY OWNER, 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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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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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="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 <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="RIVERSIDE RESOURCES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="100 CONGRESS AVENUE"/>		Client Apartment or Suite Number <input type="text" value="STE 1450"/>
	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

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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

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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* TMINE, INC.	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 9 W. 57TH STREET		Client Apartment or Suite Number <input type="text"/>
	Client City* NEW YORK	Client State* NY	Client Zip Code* 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* 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="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

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"/>	
	RED BLUFF PARTNERS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text"/>		Client Apartment or Suite Number <input type="text"/>
	11036 ARROYO CANYON DRIVE		
	Client City* <input type="text"/>	Client State* <input type="text"/>	Client Zip Code* <input type="text"/>
	AUSTIN TX 78736		
	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"/>
	\$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): <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="SLATE REAL ESTATE PARTNERS"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="811 KATY FREEWAY I"/>		Client Apartment or Suite Number <input type="text" value="STE 925"/>
	Client City* <input type="text" value="HOUSTON"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="77024"/>
	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



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="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



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* PAGE SOUTHERLAND PAGE, INC.		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 400 W. CESAR CHAVEZ ST.		Client Apartment or Suite Number STE 500
	Client City* AUSTIN	Client State* TX	Client Zip Code* 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* \$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* 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* \$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

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* RYAN COMPANIES, INC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 100 CONGRESS AVE	Client Apartment or Suite Number STE 100	
	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

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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* GREYSTAR GP II, LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 6300 BRIDGE POINT PKWY	Client Apartment or Suite Number BLDG 3, STE 300	
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78730
	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* 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 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* CENTRAL MACHINE OPERATING COMPANY LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4826 E. CESAR CHAVEZ		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78702
	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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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"/>	
	200 E. RIVERSIDE, LLC		
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"/>
	EL PASO TX 79902		
	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

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client 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="FOCAL POINT DS TEXAS LLC"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1920 MCKINNEY AVE."/>		Client Apartment or Suite Number <input type="text" value="7th Floor"/>
	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="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

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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* PURE REAL ESTATE PARTNERS, LP	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 5515 BALCONES DRIVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 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* \$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"/>		

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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"/>
	less than \$10,000	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

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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* VELOCITY CREDIT UNION		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 610 E. 11TH STREET		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

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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="THE SPIRITED GROUP"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="515 WEST 7TH STREET"/>		Client Apartment or Suite Number <input type="text" value="STE 300"/>
	Client City* <input type="text" value="LOS ANGELES"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="90014"/>
	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

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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	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td></td><td></td><td></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2">VALOR TEXAS EDUCATION FOUNDATION</td><td></td></tr></table>	Client Title	Client First Name*	Middle				Organization Name or Client Last Name, as applicable*		Client Suffix	VALOR TEXAS EDUCATION FOUNDATION								
Client Title	Client First Name*	Middle																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
VALOR TEXAS EDUCATION FOUNDATION																			
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>220 FOREMOST DRIVE</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>AUSTIN</td><td>TX</td><td>78745</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">REAL ESTATE INVESTMENT/ DEVELOPMENT</td></tr></table>	Client Business Address*	Client Apartment or Suite Number		220 FOREMOST DRIVE			Client City*	Client State*	Client Zip Code*	AUSTIN	TX	78745	Nature of Client's Business*			REAL ESTATE INVESTMENT/ DEVELOPMENT		
Client Business Address*	Client Apartment or Suite Number																		
220 FOREMOST DRIVE																			
Client City*	Client State*	Client Zip Code*																	
AUSTIN	TX	78745																	
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	<table><tr><td>Compensation Category*</td><td>(\$)</td><td>Exact Amount</td></tr><tr><td>\$0 (No Compensation Received)</td><td>OR</td><td></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"></td></tr></table>	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):					
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" value="KIP"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="MCCLANAHAN"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2415 EAST 5TH STREET"/>		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="78702"/>
	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

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* WOMEN & THEIR WORK	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1710 LAVACA		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

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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="IRONWOOD REAL ESTATE"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="207 SAN JACINTO BLVD."/>		Client Apartment or Suite Number <input type="text" value="STE. 300"/>
	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

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client 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="KELLY SLATER WAVE CO."/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="120 S. SIERRA AVENUE"/>	Client Apartment or Suite Number <input type="text" value="STE 100"/>	
	Client City* <input type="text" value="SOLANA BEACH"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="92075"/>
	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

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* WALLER CREEK OWNER LLC	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 115 W. 18TH STREET		Client Apartment or Suite Number <input type="text"/>
	Client City* NEW YORK	Client State* NY	Client Zip Code* 10011
	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"/>		

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Add Another Client Page

Delete this page



Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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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="MSD CAPITAL, L.P."/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="100 WILSHIRE BLVD."/>		Client Apartment or Suite Number <input type="text" value="STE 1700"/>
	Client City* <input type="text" value="SANTA MONICA"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="90401"/>
	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"/>		

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Add Another Client Page

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Lobbyist Reporting Form

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Section 3: Client

Section 3a: Client Information

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

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client 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="AT&T WIRELESS SERVICES"/>		Client Suffix <input type="text"/>
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2729 Prospect Park Drive"/>		Client Apartment or Suite Number <input type="text" value="STE 200"/>
	Client City* <input type="text" value="Rancho Cordova"/>	Client State* <input type="text" value="CA"/>	Client Zip Code* <input type="text" value="95670"/>
	Nature of Client's Business* <input type="text" value="TELECOMMUNICATIONS"/>		

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,
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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="TEXAS CHILDREN'S HOSPITAL"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="6621 FANNIN STREET"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="HOUSTON"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="77030"/>
	Nature of Client's Business* <input type="text" value="HOSPITALS"/>		

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,
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Section 3:
Client

Section 3a:
Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* GOOGLE, INC.	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 1600 AMPHITHEATRE PKWY		Client Apartment or Suite Number <input type="text"/>
	Client City* MOUNTAIN VIEW	Client State* CA	Client Zip Code* 94043
	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,
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Section 3:
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Section 3a:
Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client 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="PARKE 27 OFFICES, LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="6836 BEE CAVES ROAD"/>		Client Apartment or Suite Number <input type="text" value="BLDG 3, STE 302"/>
	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

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Lobbyist Reporting Form
*Required for Lobbyist Registration, Termination,
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Section 3:
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Section 3a:
Client Information

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

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client 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="CA VENTURES"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="130 E RANDOLPH STREET"/>		Client Apartment or Suite Number <input type="text" value="STE 2100"/>
	Client City* <input type="text" value="CHICAGO"/>	Client State* <input type="text" value="IL"/>	Client Zip Code* <input type="text" value="60601"/>
	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

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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* <input type="text" value="KAIROI RESIDENTIAL"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="12117 BEE CAVE ROAD"/>		Client Apartment or Suite Number <input type="text" value="STE 202"/>
	Client City* <input type="text" value="AUSTIN"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78738"/>
	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

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Section 3:
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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* <input type="text" value="BAIZER INTERESTS, INC."/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="2313 Lake Austin Blvd"/>		Client Apartment or Suite Number <input type="text" value="STE 300"/>
	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="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"/>		

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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="BRIDGES REAL ESTATE LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="P.O. BOX 1893"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="BASTROP"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78602"/>
	Nature of Client's Business* <input type="text" value="NEW CITY CODE ANALYSIS"/>		

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"/>		

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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="BUILDING HOPE PREDEVELOPMENT LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="910 17TH STREET NW"/>		Client Apartment or Suite Number <input type="text" value="STE 1100"/>
	Client City* <input type="text" value="WAHSINGTON"/>	Client State* <input type="text" value="DC"/>	Client Zip Code* <input type="text" value="20006"/>
	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="HYDE PARK BAPTIST CHURCH"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="3901 SPEEDWAY"/>		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="\$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

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* JOHN	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* SCOTT	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11036 ARROYO CANYON DRIVE		Client Apartment or Suite Number <input type="text"/>
	Client City* AUSTIN	Client State* TX	Client Zip Code* 78736
	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* <input type="text" value="OBMSMG LLC"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="250 N HARTFORD AVE"/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="COLUMBUS"/>	Client State* <input type="text" value="OH"/>	Client Zip Code* <input type="text" value="43222"/>
	Nature of Client's Business* <input type="text" value="WAYFINDING/MARKETING"/>		

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 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
	<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	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	☐ 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		
	<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

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

Typed Name

6/8/2020

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.