	LOBBY REG	ISTRATION AMENDMENT	FORM AREG COVER SHEET PG 1
	The FORM AREG INST	TRUCTION GUIDE explains 1 NUMBER OF SCHEDULES filed: 4 20	Filer ID 00082485
	now to complete this i	В 0	Page # 1 of 81
	REGISTRATION FEE ENCLOSED	(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) \$750 X REGULAR MODIFIED X REGULAR REGULAR (Proof Required)	Date Received ELECTRONICALLY FILED 06/15/2022
4	REGISTRANT NAME	Mr. Brad Schlueter	Date Hand-delievered or Date Postmarked
5	IS THE REGISTRANT AN ENTITY?	YES X NO	Receipt # Amount
6	REGISTRANT'S NORMAL BUSINESS	Consultant	Date Processed
7	REGISTRANT'S BUSINESS ADDRESS	(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P.O. Box 2227	Date Imaged
		Austin, TX 78768	
8	REGISTRANT'S MAILING ADDRESS	(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P.O. Box 2227	
	same as business address listed above	Austin, TX 78768	
9	BUSINESS PHONE	(AREA CODE) NUMBER: EXTENSION) (512) 477-5200	
10	IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?	YES NAME OF FIRM	
		X NO ADDRESS OF FIRM	
		PHONE NO. OF FIRM	
11	PERSON(S) PROVIDING COMPENSATION AND/OR	(NAME OF INDIVIDUAL OR ENTITY) N/A	
	REIMBURSEMENT FROM POLITICAL FUNDS	(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)	
	(list name and address of each person) additional pages		
12	2 FARA REGISTRATION	I am not currently registered under FARA and am not currently i	required to be registered under FARA.
		I. If any of the information provided in this registration changes (other than inforn a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed info	

the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).

С	COVER SHEET PG 2 AMENDMENT FORM AREG										
R	EGIS	STRANT NAME: ;	Schlueter, Brad (Mr.))			Filer ID	000	82485	Page # 2 of 81	
13 SI	JBJE	ECT MATTER CA	TEGORIES							I	
] 1	abortion			29 education			X	57 occup	oational regulation	
	2	aeronautics			30 elections				58 oil & (gas	
	3	aging			31 energy				59 open	records & open me	etings
Х	!	agriculture		Х	32 environmen	t			60 parks	& wildlife	
	5	alcoholic bevera	•	Ц	33 ethics					al subdivisions	
L	6	alcoholism & dru	ug abuse	Ц	34 family issue			Щ	62 proba		
	7			X	35 fees & other		enue	X		ıct liability	
Х	8	amusements, ga	ames, sports	Х	36 financial ins			Ш		erty interests	
┕	9	animals		X	37 fire fighters	& police		Ц	65 public		
	!	arts & humanitie		Ц	38 gambling			Щ	66 purch	_	
Х	!	business & com	merce	Ц	39 handicappe	•		Щ	67 redist	-	
	!	2 cemeteries		X	40 health & hea			Щ	68 religio		
	:		nprofit organizations	Ц	41 highways &			Щ		ment systems	
Х	!	city government		Ц	42 historic pres	servation & m	nuseums	X	70 safety		
Х	!	civil remedies &		X	43 hospitals			X		al districts & authori	
	!	coastal affairs &		Н	44 housing			×		agencies, boards &	
Х	!	common carrier		X	45 human serv	ices		\sqcup		employees, officers	& symbols
L	:	3 communication		X	46 insurance				74 state		
X	:	consumer prote		X	47 labor			X	75 taxati		
Х	!	corporations & a	associations	Н	48 law enforce	ment			76 tort re		
F	!	L corrections	ont	\mathbb{H}	49 lawyers				77 touris		
X	:	county governm	ent	\vdash	50 libraries	boolth core	nrovidoro	监	78 trans		
⊢	ļ	Courts		\vdash	51 malpractice-			X	79 utilitie		
┝	!	I crime 5 criminal procedu	iros	H	52 mental heal53 military & ve		11		81 water	les & traffic	
	:	day care	nes	H	54 mines & mir		00	씀			
X	!	disaster prepare	odnoss & rollof	\mathbb{H}	55 minors	ierai resourc	c 5	H	82 weap	en's issues	
	4		ustrial development	X	56 nursing hom	nes		Ш	65 WOITE	en s issues	
I_X			orks, technology, Dat	_			umer Drones	2			
		ET NOS. OR	I	laba	SCS, Wicalcal VV	4310, 00113					
	THEF										
DI	ESIG	SNATION	DESIGNATION				AGENC	Υ			
X	no	t applicable									
_	_ 	ditional pages									
<u> </u>	_ au	ditional pages	DESIGNATION				AGENC'	Y			
			DESIGNATION				AGENC	Y			
15 SI	GNA	TURE					ny knowledge the	accom		iment is true and correct	and includes all
						I further affirm		of my kn	owledge, I ha	ve complied with Section	
						Government Co 305.028.)	oue (Pronibited C	Unflicts	oi interest).	(See instructions for the	IEXI OI SECTION
	I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.										
								b.4 ·	Dro-1 C -1 1	l a ta w	
Al	AFFIX NOTARY STAMP / SEAL ABOVE Mr. Brad Schlueter Signature of Registrant										
								Ū	·	•	
			d before me, by the sai					,	this the		day
of			, 20 to cert	ıfy wl	nich, witness my	hand and sea	al of office.				
_	Sig	gnature of officer	administering oath		Printed name of	officer admir	nistering oath		Title	of officer administe	ering oath

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1. 1 PAGE # Sch: 1/1 Rpt: 3/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)
3	EMPLOYER / CLIENT NAME	Altria Client Svcs & Affiliates-Philip Morris USA, John Middleton, USSTC & Helix Innov.
4	MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1005 Congress Avenue Suite 850 Austin, TX 78701
	PART 2 - COMPEN	SATION
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$18,890 but less than \$47,219.99
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X PROSPECTIVE (but not received)
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY ADDRESS OF ENTITY
		X NO PHONE NO. OF ENTITY
	PART 3 - ORGANIZ	ZATIONAL INFORMATION
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	X YES (Complete PART 4 of SCHEDULE A) NO (Complete PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO

Hee the FORM AREC INC	se the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Page # Out 1/4 Dut 1/4 Du							
USE THE FORM AREG INS	TRUCTION GOIDE IOI ass	istance in ining out	uns iorni		Sch: 1/1 Rpt: 4/81			
REGISTRANT NAME			EMPLOYER/CLIENT NA	AME				
Schlueter, Brad (Mr.)			Altria Client Svcs & Al USSTC & Helix Innov		nilip Morris USA, John Middleton,			
1 SUBJECT MATTER	<u> </u>							
1 SUBJECT WATTER								
	•	SUBJECT MATTE	R CATEGORIES					
2 aeronautics 3 aging 4 agriculture 5 alcoholic bevera 6 alcoholism & dru 7 aliens 8 amusements, ga 9 animals 10 arts & humanitie 11 business & com 12 cemeteries 13 charitable & nor 14 city government 15 civil remedies & 16 coastal affairs & 17 common carriers 18 communication and 19 consumer protect 20 corporations & and 21 corrections 22 county government 23 courts 24 crime 25 criminal procedu 26 day care 27 disaster prepare	ames, sports s merce X aprofit organizations liabilities beaches s serion ssociations ent dness & relief	30 elections 31 energy 32 environment 33 ethics 34 family issues 35 fees & other nor 36 financial instituti 37 fire fighters & po 38 gambling 39 handicapped pe 40 health & health o 41 highways & road 42 historic preserva 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-hea 52 mental health & 53 military & vetera 54 mines & mineral 55 minors 56 nursing homes	ons ons olice rsons care ds tion & museums [[[[[[[[[[[[[[[[[[60 pa 61 po 62 pro X 63 pro 65 pu 66 pu 66 pu 67 reo 68 rel 70 sat 71 spo 72 sta 73 sta X 75 tax X 75 tax X 75 tax X 77 too 78 tra 79 util 80 vel 81 wa 82 we	en records & open meetings rks & wildlife litical subdivisions obate oduct liability operty interests blic lands rchasing districting igion irement systems fety ecial districts & authorities ate agencies, boards & commissions ate employees, officers & symbols ate finances cation t reform urism insportation lities hicles & traffic			
☐ 84 OTHER	_	•						
13 DOCKET NOS. OR OTHER DESIGNATION X not applicable additional pages	DESIGNATION DESIGNATION		AGENCY					
	DESIGNATION		AGENCY					
	DESIGNATION	GO TO SO						
		GO TO SCI	JEDULE B					

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 5/81						
	REGISTRANT NAME	Schlueter, Brad (Mr.)							
	EMPLOYER / CLIENT NAME	AmplioSpeech, Inc.							
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY 1303 San Antonio Street Suite 720 Austin, TX 78701	; STATE; ZIP CODE						
	PART 2 - COMPENSATION								
	LEVEL OF COMPENSATION FOR LOBBYING	At least \$47,220 but less than \$94,439.99							
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	X PROSPECTIVE						
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	ADDRESS OF ENTITY X NO PHONE NO. OF ENTITY							
		ZATIONAL INFORMATION							
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDU	JAL (Complete PART 4 of SCHEDULE A)						
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Com	nplete PART 3(a) of SCHEDULE A)						
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Com	nplete PART 3(b) of SCHEDULE A)						
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO							

Complete PART 3(b) o		PAGE # Sch: 1/3 Rpt: 6	/81			
REGISTRANT NAME			EMPLOYE	R/CLIENT NAME		
Schlueter, Brad (Mr.)			AmplioSp	eech, Inc.		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHA	REHOLDERS				
CORPORATE OFFICERS AND BOARD	LAST; Atias, lian	SUFFIX;	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. E 1303 San Antoni Suite 720 Austin, TX 78701	o Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
X additional pages	LAST; Bishop, Rebecca	SUFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. E 1303 San Antoni Suite 720 Austin, TX 78701	o Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	LAST; Dilanian, Jack	SUFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. E 1303 San Antoni Suite 720 Austin, TX 78701	o Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	LAST; Katz-Francois, M	SUFFIX; likhal	FIRST;	TITLE		
	ADDRESS / P.O. E 1303 San Antoni Suite 720 Austin, TX 78701	o Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
	•	GO TO	SCHEDULE A, PART	4		

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REGISTR	RANT NAME			EMPLOYE	R/CLIENT NAME		
Schluete	er, Brad (Mr.)			AmplioSp	eech, Inc.		
1 CORPOR SHAREH		NUMBER OF S	HAREHOLDERS	'			
2 CORPOR OFFICER AND BOA	RS	LAST; Medan, Yoav	SUFFIX; (Dr.)	FIRST;	TITLE		
MEMBER		ADDRESS / P.C 1303 San Anto Suite 720 Austin, TX 78	onio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
X addi	itional pages	LAST; Moshkovitz, Z	SUFFIX; vi	FIRST;	TITLE		
		ADDRESS / P.C 1303 San Anto Suite 720 Austin, TX 78	onio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; O'Keefe, Conr	SUFFIX; ner	FIRST;	TITLE		
13 S		ADDRESS / P.C 1303 San Anto Suite 720 Austin, TX 78	onio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; Raichel, Eran	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.C 1303 San Anto Suite 720 Austin, TX 78	onio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3 CORPOR OWNERS HOLDING	SHIP/	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE		LAST;	SUFFIX;	FIRST;	TITLE		
SHARES X not a	applicable	LAST;	SUFFIX;	FIRST;	TITLE		
_	itional pages	LAST;	SUFFIX;	FIRST;	TITLE		
	L		GO TO	SCHEDULE A, PART	4		

		ly if the employer/client covered by this SCHEDULE A is a corporation ublicly traded. Attach additional copies of this form as needed. EMPLOYER/CLIENT NAME				PAGE # Sch: 3/3 Rpt: 8	/81
	REGISTRANT NAME Schlueter, Brad (Mr.)				R/CLIENT NAME eech, Inc.		
1	CORPORATE SHAREHOLDERS	NUMBER OF SH	AREHOLDERS	<u> </u>			
2	CORPORATE OFFICERS AND BOARD	LAST; Serfaty, Daniel	SUFFIX; (Dr.)	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. 1303 San Antor Suite 720 Austin, TX 7870	nio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	additional pages	LAST; Shapira, Yair (E	SUFFIX; Or.)	FIRST;	TITLE		
		ADDRESS / P.O. 1303 San Antor Suite 720 Austin, TX 7870	nio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; Volosov, Paul (l	SUFFIX; Dr.)	FIRST;	TITLE		
ADDRESS 1303 San Suite 720		ADDRESS / P.O. 1303 San Antor Suite 720 Austin, TX 7870	nio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; Whitmire, Kathl	SUFFIX; een (Dr.)	FIRST;	TITLE		
		ADDRESS / P.O. 1303 San Antor Suite 720 Austin, TX 7870	nio Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE		LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			GO TO	O SCHEDULE A. PART	Λ		

Use the FORM AREG INS	Page # Sch: 1/1 Rpt: 9/81							
REGISTRANT NAME			EMPLOYER/CLIENT NA	ME				
Schlueter, Brad (Mr.)			AmplioSpeech, Inc.					
1 SUBJECT MATTER								
	l	SUBJECT MATTE	ED CATECODIES					
			-	-				
1 abortion		X 29 education	Ļ	=	cupational regulation			
2 aeronautics		30 elections	<u> </u>	58 oil	•			
3 aging		31 energy	<u> </u>	= '	en records & open meetings			
4 agriculture		32 environment		=	rks & wildlife			
5 alcoholic bevera	age regulation	33 ethics		61 po	litical subdivisions			
6 alcoholism & dru	ug abuse	34 family issues		62 pro	bate			
7 aliens		35 fees & other nor	n-tax revenue	63 pro	oduct liability			
8 amusements, ga	ames, sports	36 financial instituti	ons	64 pro	pperty interests			
9 animals		37 fire fighters & po	olice	65 pu	blic lands			
10 arts & humanitie	es	38 gambling	Ī	66 pu	rchasing			
X 11 business & com	merce	39 handicapped pe	rsons	67 red	districting			
12 cemeteries		40 health & health	care	68 reli	igion			
13 charitable & nor	nprofit organizations	41 highways & road	ds -	69 ret	irement systems			
14 city government		42 historic preserva	ation & museums	70 sat				
15 civil remedies &	liabilities	43 hospitals	Ť	71 spe	ecial districts & authorities			
16 coastal affairs &	beaches	44 housing	Ī	≓ `	te agencies, boards & commissions			
17 common carriers		45 human services		=	tte employees, officers & symbols			
18 communication		46 insurance	Ť	=	ute finances			
19 consumer prote		47 labor	ŧ	75 tax				
20 corporations & a		48 law enforcemen	Г	≓	t reform			
21 corrections	2330014110113	49 lawyers	` <u>[</u>	77 tou				
22 county governm	ont	50 libraries	L	≓	nsportation			
23 courts	CIIL	51 malpractice-hea	Ith care providers	79 util	·			
24 crime		=	·	_	hicles & traffic			
	Iroo	52 mental health &		=				
25 criminal procedu	ires	53 military & vetera 54 mines & mineral	<u>-</u>	81 wa				
26 day care	share O wellet	=	resources	82 we	·			
27 disaster prepare		55 minors	L	83 wo	men's issues			
28 economic & indi	ustrial development	56 nursing homes						
84 OTHER								
13 DOCKET NOS. OR								
OTHER								
DESIGNATION	DESIGNATION		AGENCY					
χ not applicable								
additional pages								
L additional pages	DESIGNATION		AGENCY					
	DESIGNATION		AGENCY					
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Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1. 1 PAGE # Sch: 1/1 Rpt: 10/81								
	REGISTRANT NAME	Schlueter, Brad (Mr.)						
	EMPLOYER / CLIENT NAME	Austin Firefighters Association						
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 7537 Cameron Road	STATE; ZIP CODE					
	DART 2 COMPEN	Austin, TX 78752						
	PART 2 - COMPEN	SATION						
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890						
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE					
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY						
		ADDRESS OF ENTITY						
		X NO PHONE NO. OF ENTITY						
	PART 3 - ORGANIZ	ZATIONAL INFORMATION						
_								
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)					
	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)					
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)					
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO						

		nly if the employer/client co publicly traded. Attach add	PAGE # Sch: 1/3 Rpt: 11/81				
	REGISTRANT NAME			EMPLOYER/CL	IENT NAME		
	Schlueter, Brad (Mr.)			Austin Firefigh	ters Association		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHAREHO	LDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; SU Copus, Jeremy	FFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. BOX; 7537 Cameron Road	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
	X additional pages	LAST; SU Denzer, Randy	FFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; 7537 Cameron Road	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
		LAST; SU Duffee, Michael	FFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; 7537 Cameron Road	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
		LAST; SU Eichler, Lynn	FFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; 7537 Cameron Road	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST; SU	FFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES			FFIX;	FIRST;	TITLE		
	X not applicable	LAST; SU	FFIX;	FIRST;	TITLE		
	additional pages	LAST; SU	FFIX;	FIRST;	TITLE		
			CO TO SCHED	ULE A. PART 4			

	Complete PART 3(b) or whose shares are not p		PAGE # Sch: 2/3 Rpt: 12	2/81			
	REGISTRANT NAME			EMPLOYER/0	CLIENT NAME		
	Schlueter, Brad (Mr.)			Austin Firefiç	hters Association		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHARE	HOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Nicks, Bob	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. BO 7537 Cameron Roa		T / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
	X additional pages	LAST; Pope, Greg	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BO 7537 Cameron Roa		T / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
		LAST; Tijerina, Robert	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BO 7537 Cameron Roa		T / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
		LAST; Vanegas, Alex	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BO 7537 Cameron Roa		T / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 78752					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES		LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			CO TO SCH	EDULE A. PART 4			

	Complete PART 3/h) or	nly if the employe	r/client covered by	this SCHEDIII E A is a c	cornoration	PAGE#				
	whose shares are not p	Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded. Attach additional copies of this form as needed. REGISTRANT NAME EMPLOYER/CLIENT NAME								
	REGISTRANT NAME									
	Schlueter, Brad (Mr.)			Austin Fire	fighters Associatior	1				
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS							
2	CORPORATE OFFICERS AND BOARD	LAST; Watson, Don	SUFFIX; inie	FIRST;	TITLE					
	MEMBERS	ADDRESS / P 7537 Camero		APT / SUITE #;	CITY;	STATE;	ZIP CODE			
		Austin, TX 78	3752							
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE					
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
		LAST;	SUFFIX;	FIRST;	TITLE					
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
		LAST;	SUFFIX;	FIRST;	TITLE					
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE					
	PERSONS OWNING 10% OR MORE	LAST;	SUFFIX;	FIRST;	TITLE					
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE					
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE					
			COTO	SCHEDULE A. PART 4						

Use the FORM AREG INSTI	RUCTION GUIDE for a	ssistance in filling out	this form		Page # Sch: 1/1 Rpt: 14/81		
REGISTRANT NAME			EMPLOYER/CLIENT NA	ME			
Schlueter, Brad (Mr.)			Austin Firefighters Ass	sociation			
1 SUBJECT MATTER							
					_		
	_	SUBJECT MATTE	R CATEGORIES				
1 abortion		29 education		=	cupational regulation		
2 aeronautics	Ĺ	30 elections		58 oil	-		
3 aging	<u> </u>	31 energy		=	en records & open meetings		
4 agriculture	L.	32 environment		=	rks & wildlife		
5 alcoholic beverag		33 ethics	ļ	=	litical subdivisions		
6 alcoholism & drug	g abuse	34 family issues		62 pro			
7 aliens	mos sports	35 fees & other nor 36 financial instituti	<u> </u>	=	oduct liability		
8 amusements, gar	ries, sports	≓	<u>L</u>	=	operty interests		
9 animals 10 arts & humanities		37 fire fighters & po	olice T	= '	blic lands rchasing		
11 business & comm	<u> </u>	39 handicapped pe	reone	=	listricting		
12 cemeteries	L F	40 health & health	<u> </u>	68 reli			
13 charitable & nonp	L Profit organizations	41 highways & road	<u> </u>	=	irement systems		
14 city government		42 historic preserva	<u> </u>	70 saf	•		
15 civil remedies & li	iabilities L	43 hospitals		=	ecial districts & authorities		
16 coastal affairs & b	<u> </u>	44 housing	-	=	te agencies, boards & commissions		
17 common carriers		45 human services	ļ	=	te employees, officers & symbols		
18 communication &	press [46 insurance	Ī	=	ite finances		
19 consumer protect	· =	47 labor	Ī	75 tax	ation		
20 corporations & as	<u> </u>	48 law enforcemen	t	76 tor	t reform		
21 corrections	Ī	49 lawyers	Ī	77 tou	ırism		
22 county governme	nt 📙	50 libraries		78 tra	nsportation		
23 courts	Ī	51 malpractice-hea	Ith care providers	79 util	ities		
24 crime	Ī	52 mental health &	cognition	80 vel	nicles & traffic		
25 criminal procedur	es 📋	53 military & vetera	ns	81 wa	ter		
26 day care		54 mines & mineral	resources	82 we	apons		
27 disaster prepared	Iness & relief	55 minors		83 wo	men's issues		
28 economic & indus	strial development	56 nursing homes					
84 OTHER							
13 DOCKET NOS. OR OTHER							
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additional pages	DECICALATION		ACENICY				
Į ¹	DESIGNATION		AGENCY				
ļī	DESIGNATION		AGENCY				
	GO TO SCHEDULE B						

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 15/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	Austin Firefighters Relief and Retirement Fund	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 4101 Parkstone Height Suite 270 Austin, TX 78746	STATE; ZIP CODE
	PART 2 - COMPEN	SATION	
	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

		nly if the employer/client covered bublicly traded. Attach additional				PAGE # Sch: 1/2 Rpt: 10	6/81	
	REGISTRANT NAME			EMPLOYER/CLIENT NAME				
	Schlueter, Brad (Mr.)			Austin Firefighters Relief and Retirement Fund				
1	CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDER:	S 					
2	OFFICERS AND BOARD	LAST; SUFFIX; Adler, Steve		FIRST;	TITLE			
	MEMBERS	ADDRESS / P.O. BOX; 4101 Parkstone Height Suite 270 Austin, TX 78746	APT /	SUITE #;	CITY;	STATE;	ZIP CODE	
	X additional pages	LAST; SUFFIX; Bass, John		FIRST;	TITLE			
		ADDRESS / P.O. BOX; 4101 Parkstone Height Suite 270 Austin, TX 78746	APT /	SUITE #;	CITY;	STATE;	ZIP CODE	
	Ì	LAST; SUFFIX; Burke, Jeremy		FIRST;	TITLE			
		ADDRESS / P.O. BOX; 4101 Parkstone Height Suite 270 Austin, TX 78746	APT /	SUITE#;	CITY;	STATE;	ZIP CODE	
	-	LAST; SUFFIX; Fowler, Doug		FIRST;	TITLE			
		ADDRESS / P.O. BOX; 4101 Parkstone Height Suite 270 Austin, TX 78746	APT /	SUITE #;	CITY;	STATE;	ZIP CODE	
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;		FIRST;	TITLE			
PERSONS OWNING 10% OR MORE	PERSONS OWNING	LAST; SUFFIX;		FIRST;	TITLE			
	X not applicable	LAST; SUFFIX;		FIRST;	TITLE			
	additional pages	LAST; SUFFIX;		FIRST;	TITLE			
_			TO COLLED	III F A DART 1				

				this SCHEDULE A is a opies of this form as nee		PAGE # Sch: 2/2 Rpt: 1	7/81
	REGISTRANT NAME			EMPLOYER	R/CLIENT NAME		
	Schlueter, Brad (Mr.)			Austin Fire	efighters Relief and	Retirement Fund	I
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS	,			
2	CORPORATE OFFICERS AND BOARD	LAST; Weaver, Beli	SUFFIX; inda	FIRST;	TITLE		
MEMBERS		ADDRESS / P 4101 Parksto Suite 270 Austin, TX 79	one Height	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.О. ВОХ;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.О. ВОХ;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE		LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
_	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
_			GO TO	SCHEDULE A. PART 4			

SUBJECT MATTER 1	Use the FORM AREG INS	FRUCTION GUIDE for a	assistance in filling out	this form		Page # Sch: 1/1 Rpt: 18/81
SUBJECT MATTER CATEGORIES 1 abortion	REGISTRANT NAME			EMPLOYER/CLIENT N	AME	
SUBJECT MATTER CATEGORIES 1 abortion	Schlueter, Brad (Mr.)			Austin Firefighters Re	elief and Re	etirement Fund
SUBJECT MATTER CATEGORIES 1 abortion						
1 abortion 29 education 57 occupational regulation 58 oil & gas 3 aging 31 energy 59 open records & open meetings 4 agriculture 32 environment 60 parks & wildlife 61 political subdivisions 63 alcoholic beverage regulation 33 ethics 61 political subdivisions 62 probate 62 probate 63 product liability 63 product liability 64 property interests 65 public lands 64 property interests 65 public lands 66 purchasing 67 redistricting 67 redistricting 68 religion 69 partial liability 60 pa	1 SUBJECT MATTER					
2 aeronautics 30 elections 58 oil & gas 31 aeringy 59 open records & open meetings 4 apriculture 22 environment 50 parks & wildlife 5 alcoholic beverage regulation 33 ethics 61 political subdivisions 6 alcoholism & drug abuse 34 family issues 62 probate 7 aliens 35 fees & other non-tax revenue 63 product liability 8 amusements, games, sports 36 financial institutions 64 property interests 9 animals X 37 fire fighters & police 65 public lands 10 arts & humanities 38 gambling 66 purchasing 12 cemetries 40 health & health care 68 religion 12 cemetries 41 highways & roads 45 property interests 13 charitable & nonprofit organizations 41 highways & roads 45 property interests 14 city government 42 historic preservation & museums 70 safety 15 civil remedies & liabilities 43 hospitals 71 special districts & authorities 16 coastal affairs & beaches 44 housing X 72 state agencies, boards & commissions 17 common carriers 45 human services 73 state employees, officers & symbols 18 communication & press 46 insurance 74 state finances 75 taxation 20 corporations & associations 49 lawyers 77 tourism 21 corrections 49 lawyers 77 tourism 78 transportation 22 county government 50 libraries 78 transportation 79 utilities 24 crime 52 military & veterans 31 water 26 day care 54 mines & mineral resources 32 weapons 27 disaster preparedness & relief 55 minors 31 water 28 economic & industrial development 56 nursing homes DESIGNATION DESIGNATION DESIGNATION AGENCY		•	SUBJECT MATTE	R CATEGORIES		
OTHER DESIGNATION IX not applicable additional pages DESIGNATION DESIGNATION AGENCY AGENCY AGENCY	2 aeronautics 3 aging 4 agriculture 5 alcoholic bevera 6 alcoholism & dru 7 aliens 8 amusements, ga 9 animals 10 arts & humanitie X 11 business & com 12 cemeteries 13 charitable & nor 14 city government 15 civil remedies & 16 coastal affairs & 17 common carriers 18 communication a 19 consumer protect 20 corporations & a 21 corrections 22 county government 23 courts 24 crime 25 criminal procedu 26 day care 27 disaster prepare 28 economic & indu 84 OTHER	ames, sports s merce aprofit organizations liabilities beaches s s press ction associations ent dness & relief	30 elections 31 energy 32 environment 33 ethics 34 family issues 35 fees & other nor 36 financial instituti X 37 fire fighters & po 38 gambling 39 handicapped pe 40 health & health o 41 highways & road 42 historic preserva 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcemen 49 lawyers 50 libraries 51 malpractice-hea 52 mental health & 53 military & vetera 54 mines & mineral	ons olice rsons care ds ation & museums Ith care providers cognition ns	58 oil 59 opp 60 pa 61 poi 62 pro 63 pro 65 pui 66 pui 67 rec 68 reli X 69 ret 70 sat 71 spo X 72 sta 73 sta 74 sta 75 tax 77 tou 78 tra 79 util 80 vel 81 wa 82 we	& gas en records & open meetings rks & wildlife litical subdivisions obate oduct liability operty interests blic lands rchasing districting igion irement systems fety ecial districts & authorities ate agencies, boards & commissions ate employees, officers & symbols ate finances cation at reform arism ansportation aities nicles & traffic appons
DESIGNATION AGENCY DESIGNATION AGENCY	OTHER DESIGNATION X not applicable	DESIGNATION		AGENCY		
<u> </u>	additional pages	DESIGNATION		AGENCY		
		DESIGNATION	CO TO CO!			

2 REGISTRANT 3 EMPLOYER / NAME	NAME	Suide for	assistance in filling c	out Sch	nedule A Pa	rt 1.		1 PAGE#	- 10 -
3 EMPLOYER / NAME								Sch: 1/1 Rpt: 1	19/81
NAME	001111	ueter, Bra	ad (Mr.)						
4 51451 61/55 /		bardier /	Aerospace Corporati	ion					
4 EMPLOYER / MAILING ADD	DESS	RESS / P. arjet Way		APT /	SUITE#;		CITY;	STATE;	ZIP CODE
	Wich	nita, KS 6	i7209 						
PART 2 -	COMPENSAT	ION							
1 LEVEL OF COMPENSAT FOR LOBBYII		east \$18,	890 but less than \$47,3	219.99					
2 TYPE OF COI BEING REPO		PAID			EARNED (but not reco	eived)	X	PROSPECTIVE	
3 INDIVIDUAL REPORTING COMPENSAT AND/OR REIMBURSMI FOR ENTITY		YES	NAME OF ENTITY						
1 OK LIVIII I			ADDRESS OF ENTI	TY					
	X	NO	PHONE NO. OF ENT	TITY					_
PART 3 -	ORGANIZAT		INFORMATIO						
1 IS THE EMPLO	<u> </u>								
AN ENTITY OR INDIVIDUAL?		ENTITY	(INDIVIDUAL (C	Complete PART 4 of	SCHEDULE A)
2 IS THE EMPLO A CORPORATION		YES					NO (Complete	PART 3(a) of SCHE	EDULE A)
3 ARE THE SHAF THE CORPORA PUBLICLY TRA	TION X	YES (C	Complete PART 4 of SC	CHEDL	JLE A)		NO (Complete	PART 3(b) of SCHE	EDULE A)
4 IS THE CLIENT AGENCY THAT SALES COMMIS SUCH FEE?	PAYS YOU A	YES (C	Complete PART 5 of SC	CHEDL	JLE A)	X	NO		

Use the FORM AREG INSTR	UCTION GUIDE for assis	tance in filling out	this form		Page # Sch: 1/1 Rpt: 20/81		
REGISTRANT NAME			EMPLOYER/CLIENT NAME				
Schlueter, Brad (Mr.)			Bombardier Aerospac	e Corpora	tion		
1 SUBJECT MATTER							
					_		
		SUBJECT MATTE	R CATEGORIES				
1 abortion	=	29 education		=	cupational regulation		
2 aeronautics		30 elections	ٳ	58 oil	•		
3 aging	=	31 energy		=	en records & open meetings		
4 agriculture	<u> </u>	32 environment	ļ	=	rks & wildlife		
5 alcoholic beverage	- =	33 ethics	ļ	=	itical subdivisions		
6 alcoholism & drug a	===	34 family issues		62 pro			
7 aliens	=	35 fees & other nor	Ļ	=	oduct liability		
8 amusements, game		36 financial institution	<u></u>	-	pperty interests blic lands		
9 animals 10 arts & humanities	=	37 fire fighters & po38 gambling	nice	=			
11 business & comme		39 handicapped pe	reone	= '	rchasing listricting		
12 cemeteries	=	40 health & health		68 reli	•		
13 charitable & nonpro	=	41 highways & road		==	irement systems		
14 city government	· · · · · · · · · · · · · · · · · · ·	42 historic preserva	<u>.</u>	70 saf	•		
15 civil remedies & lial		43 hospitals		=	ecial districts & authorities		
16 coastal affairs & be	===	44 housing	ļ	=	te agencies, boards & commissions		
17 common carriers		45 human services	İ	=	te employees, officers & symbols		
18 communication & p	oress	46 insurance	İ	=	te finances		
19 consumer protection	=	47 labor	İ	75 tax	ation		
20 corporations & ass	<u>—</u>	48 law enforcement	t T	76 tor	t reform		
21 corrections	=	49 lawyers	Ì	77 tou	ırism		
22 county government	=	50 libraries	İ	X 78 trai	nsportation		
23 courts	П	51 malpractice-hea	Ith care providers	79 util	ities		
24 crime		52 mental health &	cognition	80 vel	nicles & traffic		
25 criminal procedures	s 🔲	53 military & vetera	ns	81 wa	ter		
26 day care		54 mines & mineral	resources	82 we	apons		
27 disaster preparedn	ess & relief	55 minors		83 wo	men's issues		
X 28 economic & industr	rial development	56 nursing homes					
84 OTHER							
13 DOCKET NOS. OR OTHER							
DESIGNATION	FOLONIATION		ACENOV				
x not applicable	ESIGNATION		AGENCY				
additional pages	ECICNIATION'		AOENOY				
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DI	ESIGNATION		AGENCY				
	GO TO SCHEDULE B						

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE#					
			Sch: 1/1 Rpt: 21/81					
2	REGISTRANT NAME							
		Schlueter, Brad (Mr.)						
3	EMPLOYER / CLIENT NAME	Contage Corneration on habelf of its offiliates and subsidiaries including	ng Cupariar HaalthDlan					
4	EMPLOYER / CLIENT	Centene Corporation on behalf of its affiliates and subsidiaries includir ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE					
4	MAILING ADDRESS	5900 E. Ben White Blvd.	STATE, ZIF CODE					
		Austin, TX 78741						
	PART 2 - COMPEN	SATION						
1	LEVEL OF							
	COMPENSATION FOR LOBBYING	Less than \$18,890						
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X	PROSPECTIVE					
		(but not received)	TROOF EOTIVE					
3	INDIVIDUAL REPORTING	YES NAME OF ENTITY						
	COMPENSATION AND/OR							
	REIMBURSMENT FOR ENTITY							
	TORLINITI	ADDRESS OF ENTITY						
		ADDICESS OF ENTITY						
		X NO PHONE NO. OF ENTITY						
	PART 3 - ORGANIZ	ZATIONAL INFORMATION						
1	IS THE EMPLOYER/CLIENT							
	AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (C	Complete PART 4 of SCHEDULE A)					
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)					
			,					
3	ARE THE SHARES OF THE CORPORATION	X YES (Complete PART 4 of SCHEDULE A) NO (Complete	PART 3(b) of SCHEDULE A)					
4	PUBLICLY TRADED? IS THE CLIENT A STATE							
4	AGENCY THAT PAYS YOU A SALES COMMISSION OR	YES (Complete PART 5 of SCHEDULE A) X NO						
L	SUCH FEE?							

Use the FORM AREG INS	TRUCTION GUIDE for	assistance in filling out	this form		Page #
OSC LITE I OTTIM AITEO INS	INCOMON COIDE TO	assistance in mining out	uns ioim		Sch: 1/1 Rpt: 22/81
REGISTRANT NAME			EMPLOYER/CLIENT NAM		
Schlueter, Brad (Mr.)					of its affiliates and subsidiaries
			including Superior Hea	iliiPian	
1 SUBJECT MATTER					
	·	SUBJECT MATTE	FR CATEGORIES		
1 abortion		29 education	г	7 57 000	cupational regulation
2 aeronautics		30 elections	F	58 oil	•
3 aging		31 energy	F	≓	en records & open meetings
4 agriculture		32 environment	<u> </u>	= '	rks & wildlife
5 alcoholic bevera	age regulation	33 ethics	Ļ	- ! '	litical subdivisions
6 alcoholism & dru		34 family issues	<u> </u>	62 pro	
7 aliens	ag abase	35 fees & other nor	n-tax revenue	≓ :	oduct liability
8 amusements, ga	ames snorts	36 financial instituti	<u> </u>	≓ `	operty interests
9 animals	aee, eperte	37 fire fighters & po		≓ `	blic lands
10 arts & humanitie	25	38 gambling	F	= '	rchasing
X 11 business & com		39 handicapped pe	ersons	- ! '	districting
12 cemeteries		X 40 health & health	=	68 reli	•
	nprofit organizations	41 highways & road	<u> </u>	≓	irement systems
14 city government		42 historic preserva	=	70 sat	•
15 civil remedies &		X 43 hospitals		Ⅎ	ecial districts & authorities
16 coastal affairs &		44 housing	<u> </u>	≓ `	te agencies, boards & commissions
17 common carriers		X 45 human services	<u>'</u>	≓	te employees, officers & symbols
18 communication		X 46 insurance		=	te finances
19 consumer protect	·	47 labor	Ľ	75 tax	
20 corporations & a		48 law enforcemen	_t	╡	t reform
21 corrections	accolation c	49 lawyers	`	77 tou	
22 county governm	ent	50 libraries	F	╡	nsportation
23 courts		51 malpractice-hea	Ith care providers	79 util	·
24 crime		52 mental health &	· <u>-</u>	≓	nicles & traffic
25 criminal procedu	ures	53 military & vetera	_	30 va.	
26 day care		54 mines & minera	<u> </u>	82 we	
27 disaster prepare	edness & relief	X 55 minors	<u> </u>	≓	men's issues
28 economic & indu		X 56 nursing homes	L	_	
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13 DOCKET NOS. OR OTHER					
DESIGNATION	DESIGNATION		ACENOV		
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additional pages	DESIGNATION		AGENCY		
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	DESIGNATION		AGENCY		
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	Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 23/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	City of Killeen	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; P. O. Box 1329	STATE; ZIP CODE
		Killeen, TX 76540	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$47,220 but less than \$94,439.99	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT	YES NAME OF ENTITY	
	FOR ENTITY	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

	Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded. Attach additional copies of this form as needed.							
REGISTRANT NAME		EMPLOY	/ER/CLIENT NAME					
Schlueter, Brad (Mr.)		City of k	Killeen					
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDEI N/A	RS						
CORPORATE OFFICERS AND BOARD	LAST; SUFFIX Boyd, Michael	; FIRST;	TITLE					
MEMBERS	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	Killeen, TX 76540							
X additional pages	LAST; SUFFIX Brown, Mellisa	; FIRST;	TITLE					
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	Killeen, TX 76540							
	LAST; SUFFIX Cobb, Nina	; FIRST;	TITLE					
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	Killeen, TX 76540							
	LAST; SUFFIX. Gonzalez, Jessica	; FIRST;	TITLE					
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	Killeen, TX 76540							
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX	; FIRST;	TITLE					
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX.		TITLE					
X not applicable	LAST; SUFFIX	; FIRST;	TITLE					
additional pages	LAST; SUFFIX.	; FIRST;	TITLE					
	G	O TO SCHEDULE A, PAR	T 4					

					Ī		
Complete PART 3(b) only if the employer/client covered by the whose shares are not publicly traded. Attach additional copies						PAGE # Sch: 2/2 Rpt: 2	5/81
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYE City of Ki	ER/CLIENT NAME illeen			
1	CORPORATE SHAREHOLDERS	NUMBER OF SHA	REHOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Nash-King, Debb	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. E P. O. Box 1329	BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Killeen, TX 7654)				
	additional pages	LAST; Segarra, Jose L.	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. E P. O. Box 1329	SOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Killeen, TX 7654	0				
		LAST; Wilkerson, Ken	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. E P. O. Box 1329	BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Killeen, TX 76540)				
		LAST; Williams, Rick	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. E P. O. Box 1329	SOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Killeen, TX 76540)				
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES		LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			GO T	O SCHEDULE A. PART	· 4		

Use the FORM AREG INST	Page # Sch: 1/1 Rpt: 26/81				
REGISTRANT NAME			EMPLOYER/CLIENT	NAME	
Schlueter, Brad (Mr.)			City of Killeen		
1 SUBJECT MATTER					
		SUBJECT MATTE	R CATEGORIES		
1 abortion 2 aeronautics	<u> </u>	29 education 30 elections		57 occ	cupational regulation & gas
3 aging		31 energy		59 ope	en records & open meetings
4 agriculture		32 environment		60 pai	rks & wildlife
5 alcoholic beverag	ge regulation	33 ethics		61 pol	itical subdivisions
6 alcoholism & drug	g abuse	34 family issues		62 pro	bate
7 aliens		35 fees & other nor	n-tax revenue	63 pro	duct liability
8 amusements, gar	mes, sports	36 financial instituti	ons	64 pro	pperty interests
9 animals		37 fire fighters & po	lice	65 pul	blic lands
10 arts & humanities	<u> </u>	38 gambling			rchasing
X 11 business & comm	nerce	39 handicapped pe	=		districting
12 cemeteries		40 health & health care 41 highways & roads		=	
13 charitable & nonp	orofit organizations			=	irement systems
X 14 city government		42 historic preserva	=		afety
15 civil remedies & li	=	43 hospitals		= '	ecial districts & authorities
16 coastal affairs & b	beaches	44 housing		=	te agencies, boards & commissions
17 common carriers	nrocc	45 human services		=	te employees, officers & symbols te finances
18 communication &	<u> </u>	46 insurance 47 labor		=	
19 consumer protect 20 corporations & as	<u></u>	47 labor 48 law enforcemen	•		allon t reform
21 corrections		49 lawyers	L	77 tou	
22 county governme	unt	50 libraries		H	nsportation
23 courts		51 malpractice-hea	Ith care providers	79 util	·
24 crime	-	52 mental health &		=	nicles & traffic
25 criminal procedur	res x	53 military & vetera		81 wa	
26 day care		54 mines & mineral		82 we	
27 disaster prepared	Iness & relief	55 minors		=	men's issues
28 economic & indus	strial development	56 nursing homes		ш	
84 OTHER		_			
13 DOCKET NOS. OR					
OTHER					
DESIGNATION DESIGNATION			AGENC'	Y	
x not applicable					
additional pages					
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	DESIGNATION		AGENC'	I	
		GO TO SCI	HEDULE B		

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 27/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	College Nannies + Sitters	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 4544 South Lamar	STATE; ZIP CODE
		Austin, TX 78741	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$18,890 but less than \$47,219.99	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	X PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY	
		ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
-	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?		L (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	YES X NO (Comple	ete PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) NO (Complete	ete PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

AMENDMENT: EMPLOYER / CLIENT Part 3(a) - UNINCORPORATED ENTITY

	Complete PART 3(a) or is an unincorporated e	nly if the employentity. Attach add	er/client covered by this litional copies of this fo	PAGE # Sch: 1/1 Rpt: 28/81			
	REGISTRANT NAME	EMPLOYER/CLIENT NAME					
	Schlueter, Brad (Mr.)			College Nar	nnies + Sitters		
1	ENTITY MEMBERSHIP	NUMBER OF 26	MEMBERS	•			
2	NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Dupuy, Kath	SUFFIX; y	FIRST;	TITLE		
	POLICY	LAST; Dupuy, Stua	SUFFIX; rt	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
3	DESCRIPTION OF	DESCRIBE M	ETHODS OF ENTITY D	ECISION-MAKING REI	LATING TO LOBBY	/ING	
	POLICY-MAKING METHODS	After research an	d discussions majority vo	ote of the board.			
	additional pages						
4	CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER	LAST;	SUFFIX;	FIRST;	TITLE		
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE		
	x not applicableadditional pages	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
		<u> </u>	GO TO SO	CHEDULE A. PART 4			

Use the FORM AREG INSTRI		Page # Sch: 1/1 Rpt: 29/81			
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYER/CLIENT N College Nannies + S		
1 abortion 2 aeronautics 3 aging 4 agriculture 5 alcoholic beverage 6 alcoholism & drug a 7 aliens 8 amusements, game 9 animals 10 arts & humanities X 11 business & comme 12 cemeteries 13 charitable & nonpro 14 city government 15 civil remedies & lial 16 coastal affairs & be 17 common carriers 18 communication & p 19 consumer protectio 20 corporations & asso 21 corrections 22 county government 23 courts 24 crime 25 criminal procedures X 26 day care	abuse es, sports orce ofit organizations bilities eaches oress x on ociations	SUBJECT MATTE 29 education 30 elections 31 energy 32 environment 33 ethics 34 family issues 35 fees & other non 36 financial institution 37 fire fighters & po 38 gambling 39 handicapped per 40 health & health of 41 highways & road 42 historic preservat 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-heal 52 mental health & 653 military & veteral 54 mines & mineral	-tax revenue ons lice rsons care stion & museums th care providers cognition ons	X 57 occ 58 oil 59 ope 60 par 62 pro 63 pro 66 pur 66 pur 66 red 70 saf 71 spe X 72 sta 73 sta 74 sta 75 tax 76 tord 78 trad 79 util	en records & open meetings rks & wildlife itical subdivisions obate oduct liability operty interests olic lands rchasing districting gion irement systems rety ecial districts & authorities te agencies, boards & commissions te employees, officers & symbols te finances action t reform orism onsportation ities onicles & traffic ter
27 disaster preparedni 28 economic & industr	=	55 minors 56 nursing homes	Tesources	=	men's issues
x not applicable additional pages	ESIGNATION ESIGNATION		AGENCY		
Di	ESIGNATION	GO TO SCI	AGENCY HEDULE B		

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 30/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	DJI Technology, Inc.	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 201 S. Victory Blvd.	STATE; ZIP CODE
		Burbank, CA 91502	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY	
	101(2	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (C	Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

Complete PART 3(b) only if the employer/client covered by th whose shares are not publicly traded. Attach additional copi						PAGE # Sch: 1/1 Rpt: 3	1/81
REGISTRANT NAME			EMPLOYER	CLIENT NAME			
	Schlueter, Brad (Mr.)			DJI Techno	ology, Inc.		
	CORPORATE	NUMBER OF	SHAREHOLDERS	•			
:	SHAREHOLDERS	1					
	CORPORATE	LAST;	SUFFIX;	FIRST;	TITLE		
	OFFICERS AND BOARD	Da, Lu					
	MEMBERS	ADDRESS / P.	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		201 S. Victor					
		Burbank, CA	91502				
		Barbarn, O, t	01002				
		LAST;	SUFFIX;	FIRST;	TITLE		
[additional pages	Di, Wang					
•	-	ADDRESS / P.	.O. BOX:	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		201 S. Victor		,	- ,	- ,	
			•				
		Burbank, CA	91502				
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
	Ī	ADDRESS / P.	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	CORPORATE	LAST;	SUFFIX;	FIRST;	TITLE		
	OWNERSHIP/ HOLDINGS	DJI Europe E	3.V.				
		LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES							
		LAST;	SUFFIX;	FIRST;	TITLE		
r		- ,	,	,			
Į	not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
[additional pages	,	33.174,				
			GO T	O SCHEDULE A. PART 4			

se the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Page # Seb: 1/1 Page #							
					Sch: 1/1 Rpt: 32/81		
REGISTRANT NAME			EMPLOYER/CLIENT N	AME	I.		
Schlueter, Brad (Mr.)			DJI Technology, Inc.				
, ,							
1 SUBJECT MATTER			l .				
	I	SUBJECT MATTI	ER CATEGORIES				
1 abortion		29 education		57 occ	cupational regulation		
X 2 aeronautics		30 elections		58 oil			
3 aging		31 energy		59 ope	en records & open meetings		
4 agriculture		32 environment		60 pai	rks & wildlife		
5 alcoholic bevera	ge regulation	33 ethics		61 pol	litical subdivisions		
6 alcoholism & dru	ug abuse	34 family issues		62 pro	bate		
7 aliens		35 fees & other no	n-tax revenue	=	oduct liability		
8 amusements, ga	ames, sports	36 financial institut	ions		operty interests		
9 animals		37 fire fighters & p	olice	65 pul	blic lands		
10 arts & humanitie	es .	38 gambling		66 pui	rchasing		
X 11 business & com	merce	39 handicapped pe	ersons	67 red	districting		
12 cemeteries		40 health & health	care	68 reli	igion		
13 charitable & nor	nprofit organizations	41 highways & roa	ds	69 reti	irement systems		
14 city government		42 historic preserv	ation & museums	70 saf	fety		
15 civil remedies &	liabilities	43 hospitals		71 spe	ecial districts & authorities		
16 coastal affairs &	beaches	44 housing		X 72 sta	te agencies, boards & commissions		
17 common carriers	S	45 human services	i	73 sta	te employees, officers & symbols		
18 communication	& press	46 insurance		74 sta	ite finances		
19 consumer protect	ction	47 labor		75 tax	ation		
20 corporations & a	associations	48 law enforcemer	nt	76 tor	t reform		
21 corrections		49 lawyers		77 tou	ırism		
22 county governm	ent	50 libraries		78 tra	nsportation		
23 courts		51 malpractice-hea	alth care providers	79 util	lities		
24 crime		52 mental health &	cognition	80 vel	hicles & traffic		
25 criminal procedu	ıres	53 military & vetera	ans	81 wa	ter		
26 day care		54 mines & minera	l resources	82 we	apons		
27 disaster prepare	edness & relief	55 minors		83 wo	men's issues		
28 economic & indu	ustrial development	56 nursing homes					
X 84 OTHER Consu	ımer Drones	_					
13 DOCKET NOS. OR							
OTHER							
DESIGNATION DESIGNATION			AGENCY				
x not applicable							
additional pages							
	DESIGNATION		AGENCY				
	DESIGNATION		AGENCY				
		GO TO SC	HEDULE B				

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 33/81
	REGISTRANT NAME	Schlueter, Brad (Mr.)	
	EMPLOYER / CLIENT NAME	Jobs for Texas	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 400 W. 15th Street, Suite 1400 Austin, TX 78701	STATE; ZIP CODE
-	PART 2 - COMPEN		
	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	ADDRESS OF ENTITY ADDRESS OF ENTITY	
		NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded. Attach additional copies of this form as needed.					PAGE # Sch: 1/1 Rpt: 3	4/81	
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYER Jobs for Te	R/CLIENT NAME			
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS	•			
2	CORPORATE OFFICERS AND BOARD	LAST; Christian, Ge	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P 400 W. 15th	.O. BOX; Street, Suite 1400	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 7	3701				
	additional pages	LAST; Sims, Carol	SUFFIX;	FIRST;	TITLE		
	_	ADDRESS / P 400 W. 15th	.O. BOX; Street, Suite 1400	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Austin, TX 7	3701				
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			GO TO	SCHEDULE A. PART 4			

Use the FORM AREG INSTRU		Page # Sch: 1/1 Rpt: 35/81			
REGISTRANT NAME			EMPLOYER/CLIENT	NAME	
Schlueter, Brad (Mr.)			Jobs for Texas		
1 SUBJECT MATTER					
	<u> </u>	SUBJECT MATTE	R CATEGORIES		
1 abortion		29 education		57 oc	cupational regulation
2 aeronautics		30 elections		58 oil	& gas
3 aging		31 energy		59 op	en records & open meetings
4 agriculture		32 environment		60 pa	ırks & wildlife
5 alcoholic beverage r		33 ethics			litical subdivisions
6 alcoholism & drug al	buse	34 family issues		62 pr	
7 aliens	Ц	35 fees & other nor		=	oduct liability
8 amusements, games	s, sports	36 financial institution		=	operty interests
9 animals	Ц	37 fire fighters & po	llice	=	ıblic lands
10 arts & humanities	H	38 gambling			ırchasing
X 11 business & commerc	ce \square	39 handicapped pe		=	districting igion
12 cemeteries	H	40 health & health o		=	
13 charitable & nonprof	fit organizations	41 highways & road		=	tirement systems
14 city government		42 historic preserva	ition & museums	70 sa	•
15 civil remedies & liabi		43 hospitals		= '	special districts & authorities
16 coastal affairs & bea	acnes	44 housing		=	ate agencies, boards & commissions
17 common carriers	H	45 human services		=	ate employees, officers & symbols ate finances
18 communication & pro		46 insurance47 labor		=	xation
19 consumer protection 20 corporations & associ	=	48 law enforcement	•	=	rt reform
21 corrections	Cialions	49 lawyers	L	77 to	
22 county government	片	50 libraries		=	ansportation
23 courts	H	51 malpractice-hea	Ith care providers	79 uti	·
24 crime	H	52 mental health &		=	hicles & traffic
25 criminal procedures	H	53 military & vetera	-	81 wa	
26 day care	H	54 mines & mineral		=	eapons
27 disaster preparedne	ss & relief	55 minors			omen's issues
X 28 economic & industria	=	56 nursing homes		Ш	
B4 OTHER					
13 DOCKET NOS. OR					
OTHER					
DESIGNATION DESIGNATION			AGENCY	<u> </u>	
x not applicable					
additional pages					
	SIGNATION		AGENCY	1	
<u> </u>					
DE	SIGNATION		AGENCY	<i>(</i>	
		GO TO SCI	HEDULE B		

	Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 36/81
	REGISTRANT NAME	Schlueter, Brad (Mr.)	
	EMPLOYER / CLIENT NAME	MV Transportation, Inc	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 2711 N. Haskell Ave. Suite 1500, LB-2 Dallas, TX 75204	STATE; ZIP CODE
	PART 2 - COMPEN	SATION	
	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (0	Complete PART 4 of SCHEDULE A)
	A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

						·	
Complete PART 3(b) only if the employer/client covered by this whose shares are not publicly traded. Attach additional copies						7/81	
	REGISTRANT NAME Schlueter, Brad (Mr.)				R/CLIENT NAME portation, Inc		
1	CORPORATE SHAREHOLDERS	NUMBER OF S	SHAREHOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Egan, Tom	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P. 2711 N. Hasl Suite 1500, L Dallas, TX 75	kell Ave. B-2	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	X additional pages	LAST; Hicks, Lisa W	SUFFIX; /inston	FIRST;	TITLE		
ADDRI 2711 I Suite :		ADDRESS / P. 2711 N. Hasl Suite 1500, L Dallas, TX 75	kell Ave. B-2	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; Letier, Scott	SUFFIX;	FIRST;	TITLE		
				APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST; Lodde, Alex	SUFFIX;	FIRST;	TITLE		
ADDRESS / P.O. BOX; 2711 N. Haskell Ave. Suite 1500, LB-2 Dallas, TX 75204		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			GO T	SCHEDULE A. PART 4			

Complete PART 3(b) only if the employer/client covered by this whose shares are not publicly traded. Attach additional copies						8/81	
	REGISTRANT NAME Schlueter, Brad (Mr.)			R/CLIENT NAME portation, Inc			
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS	1			
2	CORPORATE OFFICERS AND BOARD	LAST; Lodde, Feys	SUFFIX; an	FIRST;	TITLE		
	MEMBERS	ADDRESS / P 2711 N. Has Suite 1500, I Dallas, TX 79	kell Ave. _B-2	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	additional pages	LAST; Rogers, Johi	SUFFIX;	FIRST;	TITLE		
				APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
ADDRESS / P.O. BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
_			GO TO	O SCHEDULE A. PART 4			

REGISTRANT NAME Schlueter, Brad (Mr.) SUBJECT MATTER SUBJECT MATTER CATEGORIES 1 abortion 2 aeronautics 30 elections 3 aging 31 energy 4 agriculture EMPLOYER/CLIENT NAME MV Transportation, Inc SUBJECT MATTER CATEGORIES 57 occupational regulation 58 oil & gas 59 open records & open meetings 60 parks & wildlife	
SUBJECT MATTER CATEGORIES 1 abortion	
2 aeronautics 30 elections 58 oil & gas 59 open records & open meetings	
5 alcoholic beverage regulation 33 ethics 64 prolitical subdivisions 65 alcoholism & drug abuse 34 family issues 62 probate 62 probate 63 product liability 62 probate 63 product liability 64 property interests 65 public lands 64 property interests 9 animals 37 fire fighters & police 65 public lands 66 purchasing 66 purchasing 67 redistricting 66 purchasing 67 redistricting 67 redistricting 68 religion 68 religion 69 retirement systems 70 safety 70 safety 71 state agencies, boards & common 17 common carriers 45 human services 73 state employees, officers & syn 18 communication & press 46 insurance 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 texastion 75 millitary & veterans 75 millitary & veterans 75 millitary & veterans 75 millitary & veterans 72 definitions 70 texas 70 t	missions
DESIGNATION AGENCY GO TO SCHEDULE B	

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1. 1 PAGE # Sch: 1/1 Rpt: 40/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)
3	EMPLOYER / CLIENT NAME	Medtronic, Inc.
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; STATE; ZIP CODE 710 Medtronic Parkway NE LC370
		Minneapolis, MN 55432
	PART 2 - COMPEN	SATION
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$18,890 but less than \$47,219.99
_	TYPE OF COMPENSATION	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X PROSPECTIVE (but not received)
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT	YES NAME OF ENTITY
	FOR ENTITY	ADDRESS OF ENTITY
		X NO PHONE NO. OF ENTITY
	PART 3 - ORGANIZ	ATIONAL INFORMATION
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	X YES (Complete PART 4 of SCHEDULE A) NO (Complete PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO

Use the FORM AREG INSTRUCTION GUIDE for	or assistance in filling out t	his form		Page # Sch: 1/1 Rpt: 41/81
REGISTRANT NAME	E	EMPLOYER/CLIENT NAM	ИE	
Schlueter, Brad (Mr.)	ļ,	Medtronic, Inc.		
1 SUBJECT MATTER				
	SUBJECT MATTER	R CATEGORIES		
3 aging 4 agriculture 5 alcoholic beverage regulation 6 alcoholism & drug abuse 7 aliens 8 amusements, games, sports 9 animals 10 arts & humanities 11 business & commerce 12 cemeteries 13 charitable & nonprofit organizations 14 city government 15 civil remedies & liabilities 16 coastal affairs & beaches 17 common carriers 18 communication & press 19 consumer protection 20 corporations & associations 21 corrections 22 county government 23 courts	31 energy 32 environment 33 ethics 34 family issues 35 fees & other non- 36 financial institutio 37 fire fighters & poli 38 gambling 39 handicapped pers X 40 health & health color 41 highways & roads 42 historic preservat 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-healt	ns cice consons care consons care consons consons care consons consons care consons consons care consons consons care consons care consons consons care consons consons care consons c	60 par 61 pol 62 pro 63 pro 64 pro 65 pul 66 pur 67 red 70 saf 71 spe 72 sta 73 sta 74 sta 75 tax 76 tord 77 tou 78 trai	oduct liability operty interests blic lands rchasing districting igion irement systems fety ecial districts & authorities ate agencies, boards & commissions ate employees, officers & symbols ate finances feation at reform arism ansportation ities
24 crime 25 criminal procedures 26 day care 27 disaster preparedness & relief 28 economic & industrial development 84 OTHER	52 mental health & c 53 military & veteran 54 mines & mineral i 55 minors 56 nursing homes	s	81 wa 82 we	
13 DOCKET NOS. OR OTHER DESIGNATION X not applicable additional pages DESIGNATION		AGENCY		
DESIGNATION	GO TO SCH	AGENCY EDULE B		

	Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 42/81
	REGISTRANT NAME	Schlueter, Brad (Mr.)	
	EMPLOYER / CLIENT NAME	One Call Corporation	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 841 Prudential Drive Suite 204 Jacksonville, FL 32207	STATE; ZIP CODE
	PART 2 - COMPEN	SATION	
	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (C	Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

Complete PART 3(b) only if the employer/client covered by this SCI whose shares are not publicly traded. Attach additional copies of t							
REGISTRANT NAME Schlueter, Brad (Mr.)				EMPLOYER One Call C	/CLIENT NAME		
_	CORPORATE	· · ·		One dan d			
_	SHAREHOLDERS	NUMBER OF SHAREHO N/A	LDERS				
2	CORPORATE	LAST; SU	FFIX;	FIRST;	TITLE		
	OFFICERS	Colsen, Linda					
	AND BOARD MEMBERS	ADDRESS / P.O. BOX;	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
		841 Prudential Drive		, 00.12.1,	J ,	O ,	0022
		Suite 204					
		Jacksonville, FL 32207	7				
		SackSoffville, I E 32207					
		LAST; SU	FFIX;	FIRST;	TITLE		
	X additional pages	Davis, Steven					
		ADDRESS / P.O. BOX;	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
		841 Prudential Drive					
		Suite 204					
		Jacksonville, FL 32207	7				
		LAST; SU	FFIX;	FIRST;	TITLE		
		Krueger, Jay					
		ADDRESS / P.O. BOX;	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
		841 Prudential Drive		·	·	·	
		Suite 204					
		Jacksonville, FL 32207	7				
		LAST; SU	FFIX;	FIRST;	TITLE		
		Onion, Patty					
		ADDRESS / P.O. BOX;	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
		841 Prudential Drive					
		Suite 204					
		Jacksonville, FL 32207	7				
3	CORPORATE	LAST; SU	FFIX;	FIRST;	TITLE		
	OWNERSHIP/ HOLDINGS						
		LAST; SU	FFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE						
	SHARES	LAST; SU	FFIX;	FIRST;	TITLE		
	X not applicable						
	additional pages	LAST; SU	FFIX;	FIRST;	TITLE		
	additional pages						
			GO TO SCHE	DULE A. PART 4			

	nly if the employer/client covered bublicly traded. Attach additional				14/81	
REGISTRANT NAME		EMPLOYER	R/CLIENT NAME			
Schlueter, Brad (Mr.)		One Call (Corporation			
L CORPORATE	NUMBER OF SHAREHOLDERS	3				
SHAREHOLDERS	N/A					
2 CORPORATE	LAST; SUFFIX;	FIRST;	TITLE			
OFFICERS AND BOARD	Pensotti, Federico					
MEMBERS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	841 Prudential Drive	•	•	•		
	Suite 204					
	Jacksonville, FL 32207					
	odeksonvine, i E 32201					
	LAST; SUFFIX;	FIRST;	TITLE			
additional pages	Taha, Omar					
	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	841 Prudential Drive					
	Suite 204					
	Jacksonville, FL 32207					
	LAST; SUFFIX;	FIRST;	TITLE			
	Warsop III, Thomas (CEO)					
	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	841 Prudential Drive					
	Suite 204					
	Jacksonville, FL 32207					
	,					
	LAST; SUFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
3 CORPORATE	LAST; SUFFIX;	FIRST;	TITLE			
OWNERSHIP/ HOLDINGS						
HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE			
PERSONS OWNING 10% OR MORE	- , 33					
SHARES	LAST; SUFFIX;	FIRST;	TITLE			
	DAGI, SOI FIX,	111(31,	IIILL			
X not applicable	LACT: CHECK	FIDOT:	TIT! F			
additional pages	LAST; SUFFIX;	FIRST;	TITLE			
	CO .	TO SCHEDULE A. PART 4	1			

Use the FORM AREG INSTR	UCTION GUIDE for assis	stance in filling out	this form		Page # Sch: 1/1 Rpt: 45/81
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYER/CLIENT N One Call Corporation		
1 SUBJECT MATTER 1 abortion 2 aeronautics 3 aging 4 agriculture		SUBJECT MATTE 29 education 30 elections 31 energy 32 environment	R CATEGORIES	58 oil 69 ope	en records & open meetings ks & wildlife
5 alcoholic beverage 6 alcoholism & drug a 7 aliens 8 amusements, game 9 animals 10 arts & humanities 11 business & comme 12 cemeteries 13 charitable & nonpro 14 city government 15 civil remedies & lial 16 coastal affairs & be 17 common carriers 18 communication & p 19 consumer protectio 20 corporations & asso 21 corrections 22 county government 23 courts 24 crime 25 criminal procedures 26 day care 27 disaster preparednes 28 economic & industr	abuse es, sports orce x ofit organizations bilities eaches oress or ociations t ess & relief	33 ethics 34 family issues 35 fees & other non 36 financial institution 37 fire fighters & po 38 gambling 39 handicapped per 40 health & health of 41 highways & road 42 historic preservat 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-heal 52 mental health & 53 military & veteral 54 mines & mineral 55 minors 56 nursing homes	ons lice rsons care ls tion & museums th care providers cognition ns	62 pro 63 pro 64 pro 65 put 66 pur 67 red 68 reli 69 reti 70 saf 71 spe 72 sta 73 sta 74 sta 75 tax 77 tou X 78 trau 79 util 80 ver 81 wat 82 wer	duct liability perty interests clic lands chasing istricting gion rement systems ety ecial districts & authorities te agencies, boards & commissions te employees, officers & symbols te finances ation reform rism nsportation ities nicles & traffic ter
x not applicable additional pages	ESIGNATION ESIGNATION		AGENCY		
Di	ESIGNATION	GO TO SCI	AGENCY		

	Use the Form AREG Instruc	action Guide for assistance in filling out Schedule A Part 1. 1 PAG Sch:	E# : 1/1 Rpt: 46/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	Red Bull North America	
4	MAILING ADDDESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street	STATE; ZIP CODE
		Santa Monica, CA 90404	
	PART 2 - COMPEN	NSATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$18,890 but less than \$47,219.99	
2	TYPE OF COMPENSATION BEING REPORTED		PECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT	YES NAME OF ENTITY	
	FOR ENTITY	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete	PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete PART 3)	(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete PART 3)	(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

Complete PART 3(b) only if the employer/client covered by this SCHEDU whose shares are not publicly traded. Attach additional copies of this for							
	REGISTRANT NAME			EMPLOYE	ER/CLIENT NAME		
	Schlueter, Brad (Mr.)	Schlueter, Brad (Mr.)			North America		
1	CORPORATE SHAREHOLDERS	NUMBER OF S	HAREHOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Arndt, Thoma	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.0 1740 Stewart	•	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica, (CA 90404				
	X additional pages	LAST; Beneke, Devo	SUFFIX; on	FIRST;	TITLE		
		ADDRESS / P.0 1740 Stewart		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica, CA 90404					
		LAST; Bradfield, Sco	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; AF 1740 Stewart Street		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica, (CA 90404				
		LAST; Conway, Ryai	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.0 1740 Stewart		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica, (CA 90404				
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
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Complete PART 3(b) o	PAGE #				
whose shares are not	publicly traded. Attach addition			Sch: 2/9 Rpt: 4	8/81
REGISTRANT NAME			DYER/CLIENT NAME		
Schlueter, Brad (Mr.)			ull North America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLD N/A	DERS			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFF Costa, Amy	FIX; FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFF Dickson, Alastair	FIX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFF Eggert, Sean	FIX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFF Ferguson, Curtis	FIX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFF	FIX; FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFF		TITLE		
X not applicable	LAST; SUFF	FIX; FIRST;	TITLE		
additional pages	LAST; SUFF	FIX; FIRST;	TITLE		
	1	GO TO SCHEDULE A, PA	RT 4		

		PAGE#							
whose share	es are not p			this SCHEDULE A		Sch: 3/9 Rpt: 4	9/81		
REGISTRAN	IT NAME			EMPLO	DYER/CLIENT NAME				
Schlueter, E	Brad (Mr.)			Red B	ull North America				
1 CORPORAT SHAREHOLI		NUMBER OF	SHAREHOLDERS						
2 CORPORAT	E	LAST;	SUFFIX;	FIRST;	TITLE				
OFFICERS AND BOARD		Feuerstein, A	Andy						
MEMBERS	´	ADDRESS / F	P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1740 Stewai		,	- ,	- ,			
		San Monica, CA 90404							
X addition	nal pages	LAST; Goluboff, Tre	SUFFIX; ent	FIRST;	TITLE				
		ADDRESS / F	O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1740 Stewart Street							
		San Monica, CA 90404							
		Jan 1115111501,							
		LAST;	SUFFIX;	FIRST;	TITLE				
Guarino, Fredo				111.01,	11122				
				ADT / CUITE #	CITY	CTATE:	ZIP CODE		
		ADDRESS / F	·	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1740 Stewart Street							
		San Monica,	CA 90404						
		LAST;	SUFFIX;	FIRST;	TITLE				
		Hardy, Gina							
		ADDRESS / F	O.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		1740 Stewai	t Street						
		San Monica,	CA 90404						
3 CORPORAT		LAST;	SUFFIX;	FIRST;	TITLE				
OWNERSHII HOLDINGS	P/								
LIOLDINGS	-	LAST;	SUFFIX;	FIRST;	TITLE				
PERSONS OV 10% OR MOR		•	,	- 1					
SHARES	-	LAST;	SUFFIX;	FIRST;	TITLE				
_		LASI,	SUFFIA,	riksi,	IIILE				
X not app	olicable			_					
addition	nal pages	LAST;	SUFFIX;	FIRST;	TITLE				
	,								
			GO TO	O SCHEDULE A, PA	RT 4				

Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded. Attach additional copies of this form as needed.						PAGE # Sch: 4/9 Rpt: 50/81		
	REGISTRANT NAME			E	MPLOYI	ER/CLIENT NAME		
	Schlueter, Brad (Mr.)			F	ed Bull	North America		
1	CORPORATE SHAREHOLDERS	NUMBER OF S	HAREHOLDERS	l				
2	CORPORATE OFFICERS AND BOARD	LAST; Holzmann, Ol	SUFFIX;	FIR	ST;	TITLE		
	MEMBERS	ADDRESS / P.0 1740 Stewart		APT / SUIT	E#;	CITY;	STATE;	ZIP CODE
		San Monica, (CA 90404					
	X additional pages	LAST; Kahler, Todd	SUFFIX;	FIR	ST;	TITLE		
_		ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street				STATE;	ZIP CODE	
		San Monica, (CA 90404					
		LAST; Kuri, J	SUFFIX;	FIR	ST;	TITLE		
		ADDRESS / P.0 1740 Stewart		APT / SUIT	E#;	CITY;	STATE;	ZIP CODE
		San Monica, CA 90404						
		LAST; Kwon, Peter	SUFFIX;	FIR	ST;	TITLE		
		ADDRESS / P.0 1740 Stewart		APT / SUIT	Ε#;	CITY;	STATE;	ZIP CODE
		San Monica, (CA 90404					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIR	ST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;		ST;	TITLE		
	X not applicable	LAST;	SUFFIX;		ST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIR	ST;	TITLE		
			GO T	O SCHEDULE	A. PART	4		

Complete PART 3(b) o	PAGE #						
	publicly traded. Attach additional co			Sch: 5/9 Rpt: 5	1/81		
REGISTRANT NAME		EMPLOYER	CLIENT NAME				
Schlueter, Brad (Mr.))	Red Bull No	orth America				
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS N/A						
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Laratta, Edward	FIRST;	TITLE				
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	STATE;	ZIP CODE				
	San Monica, CA 90404						
X additional pages	LAST; SUFFIX; Mateschitz, Dietrich	FIRST;	TITLE				
	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street				ZIP CODE		
	San Monica, CA 90404						
	LAST; SUFFIX; Mueller, Micha	FIRST;	TITLE				
	ADDRESS / P.O. BOX; APT / SUITE #; CITY 1740 Stewart Street			STATE;	ZIP CODE		
	San Monica, CA 90404	San Monica, CA 90404					
	LAST; SUFFIX; Mulderink, Mike	FIRST;	TITLE				
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	San Monica, CA 90404						
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE				
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE				
X not applicable	LAST; SUFFIX;	FIRST;	TITLE				
additional pages	LAST; SUFFIX;	FIRST;	TITLE				
	GO TO	O SCHEDULE A, PART 4					

Complete PART 3(b) o	PAGE #				
	publicly traded. Attach additional			Sch: 6/9 Rpt: 5	2/81
REGISTRANT NAME		EMPLOYE	R/CLIENT NAME		
Schlueter, Brad (Mr.)		Red Bull N	North America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	3			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Nistico, Robert	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	STATE;	ZIP CODE		
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Nowakowski, Tomasz	FIRST;	TITLE		
	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street				ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Oghoghomeh, Akerho	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	CITY;	STATE;	ZIP CODE	
	San Monica, CA 90404				
	LAST; SUFFIX; Ponder, Tom	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable	LAST; SUFFIX;	FIRST;	TITLE		
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO	TO SCHEDULE A, PART 4	1		

	Complete PART 3(b) on whose shares are not p					PAGE # Sch: 7/9 Rpt: 5	3/81
	REGISTRANT NAME		,	EMP	OYER/CLIENT NAME	•	
	Schlueter, Brad (Mr.)			Red	Bull North America		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHA	REHOLDERS	ı			
2	CORPORATE OFFICERS AND BOARD	LAST; Rappaport, Mark	SUFFIX;	FIRST	TITLE		
	MEMBERS	ADDRESS / P.O. BOX; APT / SUITE #; 1740 Stewart Street			CITY;	STATE;	ZIP CODE
		San Monica, CA 90404					
	X additional pages	LAST; Reynolds, David	SUFFIX;	FIRST;	TITLE		
	-	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street			STATE;	ZIP CODE	
San Monica, CA 90404			90404				
LAST; SUFFIX; Ritterbush, Dave			FIRST	TITLE			
ADDRESS / P.O. BOX; All 1740 Stewart Street		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
		San Monica, CA 90404					
		LAST; Robbins, Greg	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. E 1740 Stewart Str		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica, CA	90404				
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;			
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
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Occupate DADT (//s)	PAGE#						
whose shares are not	only if the employer/client control publicly traded. Attach add				Sch: 8/9 Rpt: 54	1/81	
REGISTRANT NAME				CLIENT NAME			
Schlueter, Brad (Mr.)			Red Bull No	rth America			
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHO	OLDERS					
2 CORPORATE OFFICERS AND BOARD	LAST; St Showalter, John	JFFIX;	FIRST;	TITLE			
MEMBERS	ADDRESS / P.O. BOX;	CITY;	STATE;	ZIP CODE			
	1740 Stewart Street		SUITE#;				
	San Monica, CA 9040	San Monica, CA 90404					
	LAST; SU	JFFIX;	FIRST;	TITLE			
X additional pages	Steiner, Guenther						
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT	SUITE#;	CITY;	STATE;	ZIP CODE	
	San Monica, CA 9040	04					
	LAST; SU Trombetta, Chris	JFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street			CITY;	STATE;	ZIP CODE	
	San Monica, CA 9040	04					
	LAST; SU	JFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BOX;	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE	
	1740 Stewart Street		,	,	- ,		
	San Monica, CA 9040	04					
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SU	JFFIX;	FIRST;	TITLE			
PERSONS OWNING 10% OR MORE	LAST; SU	JFFIX;	FIRST;	TITLE			
SHARES	LAST; SU	JFFIX;	FIRST;	TITLE			
x not applicable additional pages	LAST; SU	JFFIX;	FIRST;	TITLE			
		GO TO SCHEI	DULE A, PART 4				

	Complete PART 3(b) on whose shares are not p	lly if the employe	er/client covered by Attach additional co	this SCHEDULE A is a copies of this form as nee	corporation ded.	PAGE # Sch: 9/9 Rpt: 5	5/81
	REGISTRANT NAME			EMPLOYER	R/CLIENT NAME		
	Schlueter, Brad (Mr.)			Red Bull N	orth America		
1	CORPORATE SHAREHOLDERS	NUMBER OF N/A	SHAREHOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Waters, Joe	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P 1740 Stewar		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Monica,	CA 90404				
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
_		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	-	LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			GO TO	O SCHEDULE A, PART 4			

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Page # Sch: 1/1 Rpt: 56/81							
REGISTRANT NAME			EMPLOYER/CLIENT N	IAME			
Schlueter, Brad (Mr.)			Red Bull North Amer	ica			
1 SUBJECT MATTER							
		SUBJECT MATTE	R CATEGORIES				
1 abortion		29 education		57 occ	cupational regulation		
2 aeronautics		30 elections		58 oil	& gas		
3 aging		31 energy		59 ope	en records & open meetings		
4 agriculture		32 environment		60 par	rks & wildlife		
5 alcoholic beverage	e regulation	33 ethics		61 pol	litical subdivisions		
6 alcoholism & drug	abuse	34 family issues		62 pro	bate		
7 aliens	F	35 fees & other nor	-tax revenue		oduct liability		
8 amusements, gan	nes, sports	36 financial instituti		=	pperty interests		
9 animals		37 fire fighters & po		= '	blic lands		
10 arts & humanities	=	38 gambling		=	rchasing		
x 11 business & comm	erce -	39 handicapped pe	rsons	=	listricting		
12 cemeteries	IX	╡ ``.`		68 reli	· ·		
13 charitable & nonp	<u> </u>	41 highways & road		=	irement systems		
14 city government	Tont organizations	42 historic preservation & museums 70 saf					
15 civil remedies & lia	abilitios	≐	uon & museums	=			
	<u> </u>	43 hospitals		=	ecial districts & authorities		
16 coastal affairs & b	—	44 housing		=	te agencies, boards & commissions		
17 common carriers	<u>X</u>	≓		=	te employees, officers & symbols		
18 communication &	· =	46 insurance		H ***	ite finances		
X 19 consumer protecti	<u> </u>	47 labor		x 75 tax			
20 corporations & ass	sociations	48 law enforcement		=	t reform		
21 corrections		49 lawyers		77 tou	rism		
22 county governmer	nt	50 libraries		78 trai	nsportation		
23 courts		51 malpractice-hea	th care providers	79 util			
24 crime		52 mental health &	cognition	80 veh	nicles & traffic		
25 criminal procedure	es 🔲	53 military & vetera	ns	81 wa	ter		
26 day care		54 mines & mineral	resources	82 we	apons		
27 disaster prepared	ness & relief	55 minors		83 wo	men's issues		
28 economic & indus	trial development	56 nursing homes					
84 OTHER							
13 DOCKET NOS. OR							
OTHER							
DESIGNATION -	DESIGNATION		AGENCY				
x not applicable	2201014/111014		AGENCI				
additional pages	DESIGNATION		AGENCY				
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		GO TO SCI	HEDULE B				

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 57/81						
	REGISTRANT NAME	Schlueter, Brad (Mr.)							
	EMPLOYER / CLIENT NAME	San Antonio Water Systems							
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY 2800 US Hwy 281	; STATE; ZIP CODE						
		San Antonio, TX 78212							
	PART 2 - COMPENSATION								
1	LEVEL OF COMPENSATION FOR LOBBYING	At least \$47,220 but less than \$94,439.99							
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	X PROSPECTIVE						
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY							
		ADDRESS OF ENTITY							
		X NO PHONE NO. OF ENTITY							
F	DARTA ORGANI	ZATIONAL INCORMATION							
	PART 3 - ORGANIZ	ZATIONAL INFORMATION							
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDU	JAL (Complete PART 4 of SCHEDULE A)						
	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Com	nplete PART 3(a) of SCHEDULE A)						
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Com	nplete PART 3(b) of SCHEDULE A)						
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO							

	Complete PART 3(b) or whose shares are not p	PAGE # Sch: 1/2 Rpt: 58/81					
	REGISTRANT NAME			EMPLOYE	ER/CLIENT NAME		
	Schlueter, Brad (Mr.)			San Anto	onio Water Systems		
1	CORPORATE SHAREHOLDERS	NUMBER OF SH	HAREHOLDERS	•			
2	CORPORATE OFFICERS AND BOARD	LAST; Belmares, Ed	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 2800 US Hwy 281				STATE;	ZIP CODE
		San Antonio, T					
	X additional pages	LAST; Hardberger, Aı	SUFFIX; my	FIRST;	TITLE		
		ADDRESS / P.O. BOX; APT / SUITE #; CITY; STATE 2800 US Hwy 281					ZIP CODE
		San Antonio, T	X 78212				
LAST; SUFFIX; Jamison, Jelynne			FIRST;	TITLE			
ADDRESS / P.O. BOX 2800 US Hwy 281			APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		San Antonio, TX 78212					
		LAST; McGee, David	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.C 2800 US Hwy		APT / SUITE #;	CITY;	STATE;	ZIP CODE
		San Antonio, T	X 78212				
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			CO TO	SCHEDULE A. PART	1		

	Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation whose shares are not publicly traded. Attach additional copies of this form as needed.						
REGISTRANT NAME	,	- Samuel of the original of	<u> </u>	ER/CLIENT NAME	Sch: 2/2 Rpt: 5		
Schlueter, Brad (Mr.)				nio Water Systems			
L CORPORATE		SHAREHOLDERS					
SHAREHOLDERS	N/A	SHARLHOLDERS					
CORPORATE OFFICERS AND BOARD	LAST; Nirenberg, R	SUFFIX; on	FIRST;	TITLE			
MEMBERS	ADDRESS / P 2800 US Hw		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	San Antonio	TX 78212					
additional pages	LAST; Parra, Eduar	SUFFIX;	FIRST;	TITLE			
	ADDRESS / P 2800 US Hw		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	San Antonio						
	LAST; Reyna, Maril	SUFFIX; u	FIRST;	TITLE			
ADDRESS / I 2800 US Hv			APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	San Antonio, TX 78212						
	LAST;	SUFFIX;	FIRST;	TITLE			
	ADDRESS / P	.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
3 CORPORATE OWNERSHIP/	LAST;	SUFFIX;	FIRST;	TITLE			
PERSONS OWNING 10% OR MORE	LAST;	SUFFIX;	FIRST;	TITLE			
SHARES X not applicable	LAST;	SUFFIX;	FIRST;	TITLE			
additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
	1	GO TO	O SCHEDULE A, PART	4			

Use the FORM AREG INST	RUCTION GUIDE for as	sistance in filling out	this form		Page # Sch: 1/1 Rpt: 60/81		
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYER/CLIENT N				
1 SUBJECT MATTER 1 abortion		SUBJECT MATTE 29 education	R CATEGORIES		cupational regulation		
2 aeronautics 3 aging 4 agriculture 5 alcoholic beverage 6 alcoholism & druge 7 aliens 8 amusements, gar 9 animals 10 arts & humanities X 11 business & comm 12 cemeteries 13 charitable & nong 14 city government 15 civil remedies & li 16 coastal affairs & li 17 common carriers 18 communication & li 19 consumer protect 20 corporations & as 21 corrections 22 county governme 23 courts 24 crime 25 criminal procedur 26 day care 27 disaster prepared X 28 economic & indus 84 OTHER	g abuse X mes, sports Inerce	33 ethics 34 family issues	ons clice rsons care ds tion & museums tith care providers cognition ns	60 par 61 pol 62 pro 63 pro 64 pro 65 pul 66 pul 67 rec 68 reli 69 ret 70 saf X 71 spe X 72 sta 73 sta 74 sta 75 tax 76 tor 77 tou 78 tra X 79 util 80 vel X 81 wa 82 we	en records & open meetings rks & wildlife litical subdivisions obate oduct liability operty interests blic lands rchasing districting igion irement systems fety ecial districts & authorities ate agencies, boards & commissions ate employees, officers & symbols ate finances cation at reform arism ansportation ities nicles & traffic ater		
OTHER DESIGNATION X not applicable	DESIGNATION		AGENCY				
	DESIGNATION DESIGNATION		AGENCY				
DESIGNATION AGENCY GO TO SCHEDULE B							

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 61/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
	EMPLOYER / CLIENT NAME	Shadowsoft Inc.	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 7750 North Macarthur Blvd. Irving, TX 75063	STATE; ZIP CODE
	PART 2 - COMPEN		
	LEVEL OF COMPENSATION FOR LOBBYING	At least \$18,890 but less than \$47,219.99	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	ADDRESS OF ENTITY X NO PHONE NO. OF ENTITY	
		NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL ((Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	e PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	e PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

	Complete PART 3(b) on whose shares are not p	PAGE # Sch: 1/1 Rpt: 6	2/81				
	REGISTRANT NAME			EMPLOYER	/CLIENT NAME		
	Schlueter, Brad (Mr.)			Shadowsof	t Inc.		
1	CORPORATE SHAREHOLDERS	NUMBER OF	SHAREHOLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; Stringfellow,	SUFFIX; Bruce	FIRST;	TITLE		
	MEMBERS	ADDRESS / F 7750 North N	P.O. BOX; Macarthur Blvd.	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Irving, TX 75	5063				
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / F	O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	-	LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / F	O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	-	LAST;	SUFFIX;	FIRST;	TITLE		
		ADDRESS / F	P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE		LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
_	<u> </u>		GO TO	O SCHEDULE A, PART 4			

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Page # Sch: 1/1 Rpt: 63/81								
REGISTRANT NAME								
Schlueter, Brad (Mr.)			Shadowsoft Inc.					
1 SUBJECT MATTER								
		SUBJECT MATTE	R CATEGORIES					
1 abortion		29 education		57 oc	cupational regulation			
2 aeronautics		30 elections		58 oil	& gas			
3 aging		31 energy		59 op	en records & open meetings			
4 agriculture		32 environment			rks & wildlife			
5 alcoholic beveraç	<u> </u>	33 ethics			litical subdivisions			
6 alcoholism & drug	g abuse	34 family issues		62 pro				
7 aliens		35 fees & other nor			oduct liability			
8 amusements, gai	mes, sports	36 financial instituti			operty interests			
9 animals		37 fire fighters & po	llice	=	blic lands			
10 arts & humanities	<u> </u>	38 gambling			rchasing			
X 11 business & comn	nerce	39 handicapped pe		=	districting			
12 cemeteries		40 health & health		68 rel				
13 charitable & non	profit organizations	41 highways & road			irement systems			
14 city government	i a bilisi a a	42 historic preserva	uion & museums	70 sa				
15 civil remedies & I	—	43 hospitals		= '	ecial districts & authorities			
16 coastal affairs & l	<u></u>	44 housing 45 human services			ate agencies, boards & commissions			
	<u> </u>	46 insurance		=	ate employees, officers & symbols ate finances			
18 communication & 19 consumer protect	<u> </u>	47 labor		75 tax				
20 corporations & as	<u> </u>	48 law enforcemen	•	=	t reform			
21 corrections	SSOCIATIONS	49 lawyers	L	77 tol				
22 county governme	ant	50 libraries		=	Insportation			
23 courts		51 malpractice-hea	Ith care providers	79 uti	·			
24 crime	F	52 mental health &		=	hicles & traffic			
25 criminal procedu	res \Box	53 military & vetera	-	81 wa				
26 day care		54 mines & mineral			eapons			
27 disaster prepared	dness & relief	55 minors		=	omen's issues			
28 economic & indus	<u> </u>	56 nursing homes		ш				
X 84 OTHER Techno								
13 DOCKET NOS. OR								
OTHER								
DESIGNATION		AGENCY	,					
x not applicable	DESIGNATION							
additional pages								
	DESIGNATION		AGENCY	,				
	DESIGNATION		AGENCY	•				
		GO TO SCI	HEDULE B					

	Use the Form AREG Instruc	1 PAGE # Sch: 1/1 Rpt: 64/81	
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	Stericycle Inc.	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 2355 Waukegan Rd	STATE; ZIP CODE
		Bannockburn, IL 60015	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT	YES NAME OF ENTITY	
	FOR ENTITY	,	
		ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	X YES (Complete PART 4 of SCHEDULE A) NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	
1			

Page # Sch: 1/1 Rpt: 65/81							
REGISTRANT NAME			EMPLOYER/CLIENT NA	ΔME	I.		
				WIL			
Schlueter, Brad (Mr.)			Stericycle Inc.				
1 SUBJECT MATTER							
		SUBJECT MATTE	R CATEGORIES				
1 abortion		29 education		57 occ	cupational regulation		
2 aeronautics		30 elections		58 oil	& gas		
3 aging		31 energy		59 op	en records & open meetings		
4 agriculture		X 32 environment		60 pa	rks & wildlife		
5 alcoholic bevera	ge regulation	33 ethics		61 pol	litical subdivisions		
6 alcoholism & dru	g abuse	34 family issues		62 pro			
7 aliens	-	35 fees & other nor	n-tax revenue	=	oduct liability		
8 amusements, ga	mes, sports	36 financial instituti		=	operty interests		
9 animals	·-, -p	37 fire fighters & po		'	blic lands		
10 arts & humanities	e .	38 gambling		=	rchasing		
11 business & com		39 handicapped pe	renne	=	districting		
12 cemeteries	licicc	40 health & health		68 reli	· ·		
	profit organizations	=		=			
13 charitable & non	profit organizations	41 highways & road		=	irement systems		
14 city government		42 historic preserva	ation & museums	70 sat			
15 civil remedies &		43 hospitals		⊨ `	ecial districts & authorities		
16 coastal affairs &		44 housing		=	te agencies, boards & commissions		
17 common carriers		45 human services		73 sta	te employees, officers & symbols		
18 communication 8	& press	46 insurance		74 sta	te finances		
19 consumer protect	ction	47 labor		75 tax	ation		
20 corporations & a	ssociations	48 law enforcemen	t	76 tor	t reform		
21 corrections		49 lawyers		77 toι	ırism		
22 county governme	ent	50 libraries		78 tra	nsportation		
23 courts		51 malpractice-hea	lth care providers	79 util	ities		
24 crime		52 mental health &	cognition	80 vel	nicles & traffic		
25 criminal procedu	res	53 military & vetera	ns	81 wa	ter		
26 day care		54 mines & mineral	resources	82 we	apons		
27 disaster prepare	dness & relief	55 minors		83 wo	men's issues		
28 economic & indu	strial development	56 nursing homes	'	—			
X 84 OTHER Medica	al Waste						
13 DOCKET NOS. OR							
OTHER							
DESIGNATION DESIGNATION			AGENCY				
x not applicable							
additional acces							
additional pages	DESIGNATION		AGENCY				
	DESIGNATION		AGENCY				
	-	CO TO CO					
		GO TO SCI	HEDOLF R				

	Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 66/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	Texas Association of Staffing	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; P. O. Box 7291	STATE; ZIP CODE
		Tyler, TX 75711	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY	
	!	ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (0	Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) X NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

		nly if the employer/client coublicly traded. Attach add	PAGE # Sch: 1/4 Rpt: 67	7/81			
	REGISTRANT NAME			EMPLOYER/CLIE	NT NAME		
	Schlueter, Brad (Mr.)			Texas Associati	on of Staffing		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHAREHO	OLDERS				
2	CORPORATE OFFICERS AND BOARD	LAST; SU Abandonato, Marcel	JFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. BOX; P. O. Box 7291	APT /	SUITE #;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711	TEEN.	FIRST			
	X additional pages	LAST; SU Anderson, David	JFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; P. O. Box 7291	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; SU Bowmer, James	JFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; P. O. Box 7291	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; SU Bratton, Pam	JFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BOX; P. O. Box 7291	APT /	SUITE#;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST; SU	JFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES			JFFIX;	FIRST;	TITLE		
	X not applicable	LAST; SU	JFFIX;	FIRST;	TITLE		
	additional pages	LAST; SU	JFFIX;	FIRST;	TITLE		
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	Complete PART 3(b) or whose shares are not p		PAGE # Sch: 2/4 Rpt: 6	8/81			
	REGISTRANT NAME	NAME EMPLOYER/CLIENT NAME					
	Schlueter, Brad (Mr.)			Texas	Association of Staffing		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHAR	EHOLDERS	<u>.</u>			
2	CORPORATE OFFICERS AND BOARD	LAST; Burnett, Rick	SUFFIX;	FIRST;	TITLE		
	MEMBERS	ADDRESS / P.O. BO P. O. Box 7291)X;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
	X additional pages	LAST; Cantu, Chanel	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BC P. O. Box 7291)X;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; DeBellas, Jamie	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BC P. O. Box 7291	X;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; Finstad, Josh	SUFFIX;	FIRST;	TITLE		
		ADDRESS / P.O. BO P. O. Box 7291)X;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
			CO TO	SCHEDULE A. PA	DT 4		

	Complete PART 3(b) or whose shares are not p		PAGE # Sch: 3/4 Rpt: 6	9/81			
	REGISTRANT NAME	AME EMPLOYER/CLIENT NAME					
	Schlueter, Brad (Mr.)			Tex	as Association of Staffing		
1	CORPORATE SHAREHOLDERS	NUMBER OF SHAF	REHOLDERS	•			
2	CORPORATE OFFICERS AND BOARD	LAST; Howard, Dan	SUFFIX;	FIRS	r; TITLE		
	MEMBERS	ADDRESS / P.O. BO P. O. Box 7291	OX;	APT / SUITE #	; CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
	X additional pages	LAST; Howard, David	SUFFIX;	FIRS	Γ; TITLE		
		ADDRESS / P.O. BO P. O. Box 7291	OX;	APT / SUITE #	t; CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; Hudson, Kelly	SUFFIX;	FIRS	T; TITLE		
		ADDRESS / P.O. BO P. O. Box 7291	OX;	APT / SUITE #	; CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
		LAST; Kittrell-Kinkaid, M	SUFFIX; ary	FIRS	; TITLE		
		ADDRESS / P.O. BO P. O. Box 7291	OX;	APT / SUITE #	; CITY;	STATE;	ZIP CODE
		Tyler, TX 75711					
3	CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRS	r; TITLE		
	PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRS			
	X not applicable	LAST;	SUFFIX;	FIRS	Γ; TITLE		
_	additional pages	LAST;	SUFFIX;	FIRS			
			COTO	SCHEDULE A.	DART 4		

						PAGE #		
Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation							0/04	
		oublicly traded. Att	ach additional co	<u> </u>		Sch: 4/4 Rpt: 7	0/81	
				R/CLIENT NAME				
	Schlueter, Brad (Mr.)			Texas Ass	ociation of Staffing			
1	CORPORATE SHAREHOLDERS	NUMBER OF SI N/A	HAREHOLDERS					
2	CORPORATE	LAST;	SUFFIX;	FIRST;	TITLE			
	OFFICERS AND BOARD	Landry, Tom						
	MEMBERS	ADDRESS / P.C	o. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		P. O. Box 7293	L					
		Tyler, TX 7571	.1					
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
	additional pages	Perdue, Chast		ADT / CLUTE ":	OIT!	CT 4 TE :	710 0005	
		ADDRESS / P.C P. O. Box 729:		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		1.0.00.729.	<u> </u>					
		Tyler, TX 7571	1					
Tyler, 1X 75713			.±					
		LAST;	SUFFIX;	FIRST;	TITLE			
		Turpin, Mark						
		ADDRESS / P.C	o. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		P. O. Box 729	1					
		Tyler, TX 75711						
	}	LAST;	SUFFIX;	FIRST;	TITLE			
		LAOT,	301117,	rikor,	11122			
		ADDRESS / P.C). BOX:	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
			, ,		J ,	,,	001_	
3	CORPORATE OWNERSHIP/	LAST;	SUFFIX;	FIRST;	TITLE			
	HOLDINGS							
PERSONS OWNING 10% OR MORE SHARES		LAST;	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
	X not applicable							
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
	_ ' ' '			O SCHEDULE A, PART 4				
			(7() [(

Use the FORM AREG INST	Page # Sch: 1/1 Rpt: 71/81								
REGISTRANT NAME			EMPLOYER/CLIENT NAME						
Schlueter, Brad (Mr.)			Texas Association o	f Staffing					
1 SUBJECT MATTER									
	•	SUBJECT MATTE	R CATEGORIES						
1 abortion	Г	29 education		X 57 occ	cupational regulation				
2 aeronautics	Ē	30 elections		58 oil	& gas				
3 aging	Ī	31 energy		59 op	en records & open meetings				
4 agriculture	Ē	32 environment		60 pa	rks & wildlife				
5 alcoholic beverag	ge regulation	33 ethics		61 po	litical subdivisions				
6 alcoholism & drug	g abuse	34 family issues		62 pro	bate				
7 aliens	F	35 fees & other non	ı-tax revenue	63 pro	oduct liability				
8 amusements, gai	mes, sports	36 financial institution	ons	64 pro	operty interests				
9 animals	Ī	37 fire fighters & po	lice	65 pu	blic lands				
10 arts & humanities	; <u> </u>	38 gambling		66 pu	rchasing				
X 11 business & comn	nerce	39 handicapped pe	rsons	67 red	districting				
12 cemeteries	Ī	40 health & health o	care	68 reli	igion				
13 charitable & non	profit organizations	41 highways & road	ls	69 ret	irement systems				
14 city government	Ē	42 historic preserva	tion & museums	70 safety					
15 civil remedies & I	iabilities	43 hospitals		71 spe	ecial districts & authorities				
16 coastal affairs &	beaches	44 housing		X 72 sta	ate agencies, boards & commissions				
17 common carriers	Ē	45 human services		73 sta	ate employees, officers & symbols				
18 communication &	press	46 insurance		74 sta	ate finances				
19 consumer protec	tion	47 labor		75 tax	ation				
X 20 corporations & as	ssociations	48 law enforcement	t	76 tor	t reform				
21 corrections	Ē	49 lawyers		77 tou	urism				
22 county governme	ent	50 libraries		78 tra	nsportation				
23 courts	Ē	51 malpractice-hea	Ith care providers	79 util	lities				
24 crime	<u> </u>	52 mental health &	cognition	80 vel	hicles & traffic				
25 criminal procedu	res	53 military & vetera	ns	81 wa	iter				
26 day care	Γ	54 mines & mineral	resources	82 we	eapons				
27 disaster prepared	dness & relief	55 minors		83 wo	men's issues				
X 28 economic & indus	strial development	56 nursing homes		_					
84 OTHER									
13 DOCKET NOS. OR									
OTHER									
DESIGNATION	DESIGNATION		AGENCY						
x not applicable									
additional pages									
	DESIGNATION		AGENCY						
	DE01011/2:2::								
	DESIGNATION		AGENCY						
		GO TO SCI	HEDULE B						

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 72/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	Texas Pyrotechic Association	
4	MAILING ADDDESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; P. O. Box 64	STATE; ZIP CODE
		Bastrop, TX 78602	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR	YES NAME OF ENTITY	
	REIMBURSMENT FOR ENTITY		
		ADDRESS OF ENTITY	
		X NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	YES X NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

	Complete PART 3(a) or is an unincorporated e	nly if the employentity. Attach add	er/client covered by this litional copies of this fo	S SCHEDULE A orm as needed.		PAGE # Sch: 1/1 Rpt: 73/81	
	REGISTRANT NAME			EMPLOYER/	CLIENT NAME	•	
	Schlueter, Brad (Mr.)			Texas Pyrot	techic Associatio	n	
1	ENTITY MEMBERSHIP	NUMBER OF	MEMBERS	1			
2	NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Davis, Ches	SUFFIX; ter	FIRST;	TITLE		
	POLICY	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
3	DESCRIPTION OF	DESCRIBE M	ETHODS OF ENTITY DI	ECISION-MAKING REI	LATING TO LOBBY	/ING	
	POLICY-MAKING METHODS	After research an	d discussions decisions a	are made.			
	WETTIODS						
	_						
	additional pages						
_	CONTRIBUTORS	LACT	OLIEFIV.	FIDOT	TIT! F		
4	CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE		
	PERSON(S) CONTRIBUTING MORE THAN \$250 PER						
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE		
	x not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	additional pages						
		LAST;	SUFFIX;	FIRST;	TITLE		
		LAST;	SUFFIX;	FIRST;	TITLE		
			GO TO SO	HEDULE A. PART 4			

Use the FORM AREG INSTRUC	CTION GUIDE for ass	istance in filling out	this form		Page # Sch: 1/1 Rpt: 74/81
REGISTRANT NAME Schlueter, Brad (Mr.)			EMPLOYER/CLIENT NAME Texas Pyrotechic Association		
1 SUBJECT MATTER		SUBJECT MATTE	R CATEGORIES		
x not applicable additional pages	use s sports x a organizations titles ches ss x iations s & relief	29 education 30 elections 31 energy 32 environment 33 ethics 34 family issues 35 fees & other non 36 financial institution 37 fire fighters & po 38 gambling 39 handicapped per 40 health & health of 41 highways & roach 42 historic preservat 43 hospitals 44 housing 45 human services 46 insurance 47 labor 48 law enforcement 49 lawyers 50 libraries 51 malpractice-heal 52 mental health & 53 military & veteral 54 mines & mineral 55 minors 56 nursing homes	ons dice rsons sare s tion & museums th care providers cognition ns	58 oil 59 op 60 pa 61 po 62 pro X 63 pro G65 pu G67 rec G8 rel G9 ret X 70 sai X 71 spo 72 sta 73 sta 74 sta 75 tax 77 too X 78 tra 79 util B0 vel B1 wa 82 we	en records & open meetings rks & wildlife litical subdivisions obate oduct liability operty interests blic lands rchasing districting igion irement systems fety ecial districts & authorities ate agencies, boards & commissions ate employees, officers & symbols ate finances cation t reform urism ansportation lities hicles & traffic
DES	SIGNATION	GO TO SCI	AGENCY AGENCY		

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 75/81
2	REGISTRANT NAME	Schlueter, Brad (Mr.)	
3	EMPLOYER / CLIENT NAME	United Services Automobile Association	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 9800 Fredericksburg Rd.	STATE; ZIP CODE
		San Antonio, TX 78288	
	PART 2 - COMPEN	SATION	
1	LEVEL OF COMPENSATION FOR LOBBYING	Less than \$18,890	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED (but not received)	PROSPECTIVE
3	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT	YES NAME OF ENTITY	
	FOR ENTITY	ADDRESS OF ENITITY	
		ADDRESS OF ENTITY	
		NO PHONE NO. OF ENTITY	
	PART 3 - ORGANIZ	ZATIONAL INFORMATION	
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	X ENTITY INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2	IS THE EMPLOYER/CLIENT A CORPORATION?	YES X NO (Complete	PART 3(a) of SCHEDULE A)
3	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) NO (Complete	PART 3(b) of SCHEDULE A)
4	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO	

	Complete PART 3(a) or is an unincorporated e		PAGE # Sch: 1/4 Rpt: 76/81					
	REGISTRANT NAME			EMPLOYER/CLIE	NT NAME			
	Schlueter, Brad (Mr.)			United Services Automobile Association				
1	ENTITY MEMBERSHIP	NUMBER OF MEM 1	MBERS					
2	NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Andrade, Juan	SUFFIX;	FIRST;	TITLE			
	POLICY	LAST; Bulls, Herman (C	SUFFIX; Colonel)	FIRST;	TITLE			
	X additional pages	LAST; Collins, Eileen M	SUFFIX; I. (Colonel)	FIRST;	TITLE			
		LAST; Darnell, David	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
		Davis, Raymond						
	DESCRIPTION OF POLICY-MAKING METHODS additional pages	Policy made by vote o				ING		
4	CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER	LAST;	SUFFIX;	FIRST;	TITLE			
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE			
	x not applicable additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
			CO TO COULT	HIFA DARTA				

	Complete PART 3(a) on is an unincorporated er			PAGE # Sch: 2/4 Rpt: 77/81					
	REGISTRANT NAME			EMPLOYER/	CLIENT NAME				
	Schlueter, Brad (Mr.)				United Services Automobile Association				
1	ENTITY	NUMBER OF	MEMBERS	<u> </u>					
	MEMBERSHIP	1	-						
2	NAME(S) OF	LAST;	SUFFIX;	FIRST;	TITLE				
	PERSON(S) WHO DETERMINE LOBBY	Garrett, Trac	cy L. (Maj. Gen.)						
	POLICY	LAST;	SUFFIX;	FIRST;	TITLE				
		Landry, Mar	y E.						
	v additional pages	LAST;	SUFFIX;	FIRST;	TITLE				
	X additional pages McDew, Darren W. (G		ren W. (General)						
		LAST;	SUFFIX;	FIRST;	TITLE				
		McKibben, T	racy B.						
		LAST;	SUFFIX;	FIRST;	TITLE				
		Melcher, Da	vid (Lt. Gen.)						
3	DESCRIPTION OF POLICY-MAKING METHODS additional pages	DESCRIBE W	IETHODS OF ENTITY DE	CISION INFANTOCINE	EATING TO EODBT				
4	CONTRIBUTORS	LAST;	SUFFIX;	FIRST;	TITLE				
	PERSON(S) CONTRIBUTING MORE THAN \$250 PER								
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE				
	X not applicable	LAST;	SUFFIX;	FIRST;	TITLE				
	additional pages	LAST;	SUFFIX;	FIRST;	TITLE				
		LAJI,	JOH IA,	i iivoi,	IIILE				
		LAST;	SUFFIX;	FIRST;	TITLE				
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	Complete PART 3(a) on is an unincorporated en			PAGE # Sch: 3/4 Rpt: 78/81					
	REGISTRANT NAME			EMPLOYER/	CLIENT NAME				
	Schlueter, Brad (Mr.)			United Serv	United Services Automobile Association				
1	ENTITY MEMBERSHIP	NUMBER OF MI	EMBERS	1					
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY		LAST; Moran Jr., Will	SUFFIX; iam	FIRST;	TITLE				
	POLICY	LAST; Murray, Gerald	SUFFIX; I R.	FIRST;	TITLE				
	X additional pages	LAST; Peacock, Way	SUFFIX; ne	FIRST;	TITLE				
		LAST; Phillips, G. Pat	SUFFIX; trick	FIRST;	TITLE				
		LAST;	SUFFIX;	FIRST;	TITLE		_		
			Robert (Lt. Gen.)	·					
	DESCRIPTION OF POLICY-MAKING METHODS additional pages CONTRIBITORS			EIDST:		/ING			
4	CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER	LAST;	SUFFIX;	FIRST;	TITLE				
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE				
	x not applicable additional pages	LAST;	SUFFIX;	FIRST;	TITLE				
		LAST;	SUFFIX;	FIRST;	TITLE				
		LAST;	SUFFIX;	FIRST;	TITLE				
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	Complete PART 3(a) on is an unincorporated er		PAGE # Sch: 4/4 Rpt: 79/81					
	REGISTRANT NAME			EMPLOYER/CLIE	NT NAME			
	Schlueter, Brad (Mr.)			United Services Automobile Association				
1	ENTITY MEMBERSHIP	NUMBER OF MEI 1	MBERS					
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY POLICY		LAST; Young, John F.	SUFFIX;	FIRST;	TITLE			
	POLICY	LAST; Young, Dona	SUFFIX;	FIRST;	TITLE			
	additional pages	LAST; Zortman, James	SUFFIX; S M.	FIRST;	TITLE			
	<u> </u>	LAST;	SUFFIX;	FIRST;	TITLE			
	-	LAST;	SUFFIX;	FIRST;	TITLE			
	DESCRIPTION OF POLICY-MAKING METHODS additional pages		HODS OF ENTITY DECIS			ING		
4	CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER	LAST;	SUFFIX;	FIRST;	TITLE			
	YEAR	LAST;	SUFFIX;	FIRST;	TITLE			
	x not applicable additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
		LAST;	SUFFIX;	FIRST;	TITLE			
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Use the FORM AREG INSTRU	ICTION GUIDE for assi	stance in filling out	this form		Sch: 1/1 Rpt: 80/81
					Sch. 1/1 Kpt. 60/61
REGISTRANT NAME		1	EMPLOYER/CLIENT NAME		
Schlueter, Brad (Mr.)			United Services Automobile Association		
Schideter, Brad (Wil.)			Office Services Auto	illoplic As.	Sociation
1 SUBJECT MATTER					
1 SOBSECT MATTER					
		SUBJECT MATTE	R CATEGORIES		
1 abortion	П	29 education		57 oc	cupational regulation
2 aeronautics	H	30 elections			& gas
3 aging	Ħ	31 energy		59 op	en records & open meetings
4 agriculture	一	32 environment		60 pa	rks & wildlife
5 alcoholic beverage r	regulation	33 ethics		61 po	litical subdivisions
6 alcoholism & drug at	buse	34 family issues		62 pro	obate
7 aliens	П	35 fees & other non	-tax revenue	X 63 pro	oduct liability
8 amusements, games	s, sports X	36 financial institution	ons	64 pro	operty interests
9 animals		37 fire fighters & po	lice	65 pu	blic lands
10 arts & humanities		38 gambling		66 pu	rchasing
X 11 business & commerc	ce	39 handicapped per	rsons	67 red	districting
12 cemeteries	X	40 health & health o	care	68 rel	igion
13 charitable & nonprof	fit organizations	41 highways & road	ls	69 ret	tirement systems
14 city government		42 historic preserva	tion & museums	70 sa	fety
X 15 civil remedies & liabi	ilities	43 hospitals		71 sp	ecial districts & authorities
16 coastal affairs & bea	aches	44 housing		X 72 sta	ate agencies, boards & commissions
17 common carriers		45 human services		73 sta	ate employees, officers & symbols
18 communication & pre	ess	46 insurance		74 sta	ate finances
19 consumer protection	י 🔲	47 labor		75 tax	kation
X 20 corporations & associ	ciations	48 law enforcement	:	76 to	t reform
21 corrections		49 lawyers		77 to	urism
22 county government		50 libraries		78 tra	Insportation
23 courts		51 malpractice-heal		79 uti	
24 crime		52 mental health &	•	■ 80 ve	hicles & traffic
25 criminal procedures	X	53 military & vetera		X 81 wa	
26 day care	Ц	54 mines & mineral	resources	=	eapons
27 disaster preparedne		55 minors		83 wo	omen's issues
28 economic & industria	al development	56 nursing homes			
84 OTHER					
13 DOCKET NOS. OR					
OTHER					
	SIGNATION		AGENCY		
x not applicable					
additional pages					
	SIGNATION		AGENCY		
<u> </u>					
DE	SIGNATION		AGENCY		
		GO TO SCH	HEDULE B		

TEXT ANNOTA			
			Sch: 1/1 Rpt: 81/81
FILER NAME Schlueter, Brad (Mr.)			Filer ID (Ethics Commission Filers) 00082485
Schedule AMENDITEMS			
Record Type	Tracking Info	Record Detail	
SubjectMatter Info	Report	Other(Fireworks, technology, Datal	bases
Lobby Client Info	Report	DJI Technology, Inc.	
Report Info	Report	100865428	