The FORM AREG INSTRUCTION GUIDE explains       1       NUMBER OF SCHEDULES filed:       A       18	LOBBY REG	ISTRATION AMENDMENT	FORM AREG COVER SHEET PG 1
2       REGISTRATION FEE ENCLOSED       (SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE) STS0 REGULAR       OFFICE USE ONLY         3       REPORT SCHEDULE       (MODIFIED) (ANDUAL)       STS0 REGULAR (MODIFIED)       REGULAR (MODIFIED)       Date Received ELECTRONICALLY FILED 0615/2022         4       REGISTRANT NAME       Mr. Stan Schlueter       Date Head detecned to Date Pedmarked         5       IS THE REGISTRANT AN ENTITY?       YES       NO       No         6       REGISTRANT'S NORMAL BUSINESS       Political Consultant       Date Processed         7       REGISTRANT'S MALING ADDRESS       PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)       P. O. Box 2227         Austin, TX 78768       Austin, TX 78768       Austin, TX 78768         9       BUSINESS PHONE ALDERY FRANT ALDERY FIRM EMPLOYEE?       (ADDRESS OF FIRM PHONE NO. OF FIRM         ID       YES       NAME OF FIRM PHONE NO. OF FIRM       INC         11       PERSON(S) PROVIDING COMPENSATION ANDOR REIMBURSEMENT FROM POLITICAL FUNDOS       (MAME OF INDIVIDUAL OR ENTITY) NA		RUCTION GUIDE explains SCHEDULES filed: A	- 00010198
FEE ENCLOSED       Image: Strain and Strain St			
Image: Second		\$750 \$150 Non-Profit	OFFICE USE ONLY
3       REPORT SCHEDULE       MODIFIED       REGULAR (MONTHLY)       06/15/2022         4       REGISTRANT NAME       Mr. Stan Schlueter       Date Hand delevered or Date Prostmaked         5       IS THE REGISTRANT       YES       NO       Receipt #       Amount         6       REGISTRANTS NORMAL BUSINESS       Political Consultant       Date Processed       Date Imaged         7       ReclistraNT'S BUSINESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227       Juste Imaged         8       REGISTRANT'S MALLING ADDRESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227       Justin, TX 78768         9       BUSINESS PHONE       (AREA CODE) NUMBER: EXTENSION) 6129 477-5200       (AREA CODE) NUMBER: EXTENSION) 6129 477-5200         10       ISTHE REGISTRANT ALOBES FHONE       (AREA CODE) NUMBER: EXTENSION) 6129 477-5200       (YES         11       PERSON(S) PROVIDING COMPENSATION ANDOR REIMBURSHENT FROM POLITICAL FUNDS       (NAME OF FIRM PHONE NO. OF FIRM       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         11       PERSON(S) PROVIDING (UIST name and address       (NAME OF INDIVIDUAL OR ENTITY) NA       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)			
5       IS THE REGISTRANT AN ENTITY?       VES       NO       Receipt #       Amount         6       REGISTRANTS NORMAL BUSINESS       Political Consultant       Date Processed       Date Imaged         7       REGISTRANTS BUSINESS ADDRESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227       Date Imaged       Date Imaged         8       REGISTRANTS MALLING ADDRESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227       VES       Austin, TX 78768         9       BUSINESS PHONE       (AREA CODE) NUMBER: EXTENSION) (S12) 477-5200       VES       VES         10       IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       VES       NAME OF FIRM PHONE NO. OF FIRM       VES         11       PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS       (NAME OF INDIVIDUAL OR ENTITY) N/A       (ADRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         (ist name and address       (DARES / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)       VES       VES	3 REPORT SCHEDULE		
AN ENTITY?	4 REGISTRANT NAME	Mr. Stan Schlueter	Date Hand-delievered or Date Postmarked
NORMAL BUSINESS       International actional actionactional actional actional actional actional actional ac		YES X NO	Receipt # Amount
7       REGISTRANT'S BUSINESS ADDRESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         Austin, TX 78768       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         astre as business address listed above       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         astre as business address listed above       (ADRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         astre as business address listed above       (AREA CODE) NUMBER: EXTENSION) (512) 477-5200         10       IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       YES         IVES       NAME OF FIRM PHONE NO. OF FIRM         II       PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS       (NAME OF INDIVIDUAL OR ENTITY) N/A         (IST name and address       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)		Political Consultant	Date Processed
BUSINESS ADDRESS       P. O. Box 2227         Austin, TX 78768         8       REGISTRANT'S MAILING ADDRESS         Image: State as business address listed above       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         Image: Image: State above address listed above       (ADRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         9       BUSINESS PHONE       (AREA CODE) NUMBER: EXTENSION) (512) 477-5200         10       IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       (AREA CODE) NUMBER: EXTENSION) (512) 477-5200         10       IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       (VES) NAME OF FIRM PHONE NO. OF FIRM         Image: Image	NORWAL BUSINESS		Date Imaged
8       REGISTRANT'S MAILING ADDRESS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) P. O. Box 2227         Image: Barber 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?       (AREA CODE) NUMBER: EXTENSION) (512) 477-5200         10       IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       YES         11       PERSON(S) PROVIDING COMPENSATION ADD/OR REIMBURSEMENT FROM POLITICAL FUNDS       (NAME OF INDIVIDUAL OR ENTITY) N/A         (list name and address       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)	BUSINESS		
MAILING ADDRESS       P. O. Box 2227         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         NO       ADDRESS OF FIRM PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       PHONE NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       Phone NO. OF FIRM         Image: Phone No. of Firm Phone No. of Firm       Phone NO. OF Firm         Image: Phone No. of Firm Phone No. of Firm       Phone No. OF Firm         Image: Phone No. of Firm Phone		Austin, TX 78768	
Image: address listed above       Austin, TX 78768         9 BUSINESS PHONE       (AREA CODE) NUMBER: EXTENSION) (512) 477-5200         10 IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?       Image: Price of the p			
(512) 477-5200 10 IS THE REGISTRANT A LOBBY FIRM EMPLOYEE? 10 YES NAME OF FIRM ADDRESS OF FIRM PHONE NO. OF FIRM (NAME OF INDIVIDUAL OR ENTITY) N/A (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE) (list name and address	same as business address listed above	Austin, TX 78768	
A LOBBY FIRM EMPLOYEE? VES NAME OF FIRM ADDRESS OF FIRM PHONE NO. OF FIRM PHONE NO. OF FIRM I1 PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS (list name and address	9 BUSINESS PHONE		
IND       PHONE NO. OF FIRM         I1 PERSON(S)       (NAME OF INDIVIDUAL OR ENTITY)         PROVIDING       (NAME OF INDIVIDUAL OR ENTITY)         N/A       N/A         AND/OR       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         (list name and address       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)	A LOBBY FIRM	YES NAME OF FIRM	
11 PERSON(S)       (NAME OF INDIVIDUAL OR ENTITY)         PROVIDING       N/A         COMPENSATION       N/A         AND/OR       REIMBURSEMENT         FROM POLITICAL       FOD BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         (list name and address       (address		X NO ADDRESS OF FIRM	
PROVIDING       N/A         COMPENSATION       N/A         AND/OR       REIMBURSEMENT         FROM POLITICAL       FOM POLITICAL         FUNDS       (ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)         (list name and address       (Ist name and address)		PHONE NO. OF FIRM	
REIMBURSEMENT FROM POLITICAL FUNDS (list name and address	PROVIDING COMPENSATION		
	REIMBURSEMENT FROM POLITICAL	(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)	
additional pages	of each person)		
12     FARA REGISTRATION     I am not currently registered under FARA and am not currently required to be registered under FARA.		I am not currently registered under FARA and am not currently rec	uired to be registered under FARA.

COVER SHEET PG 2 AMENDMENT FORM AREG					
REGISTRANT NAME: Schlueter, Stan (Mr.)		Filer ID 000	10198 Page # 2 of 81		
13 SUBJECT MATTER CATEGORIES         1       abortion         2       aeronautics         3       aging         ×       4         5       alcoholic beverage regulation         6       alcoholism & drug abuse         7       aliens         8       amusements, games, sports         9       animals         10       arts & humanities         ×       1         business & commerce         12       cemeteries         13       charitable & nonprofit organizations         ×       14         ×       15         ×       16         ×       15         ×       16         ×       17         ×       18         ×       19         ×       19         ×       10         ×       20         ×       21         ×       22         ×       23         ×       22         ×       22         ×       23         ×       24         ×       26         ×       <	29       education         30       elections         31       energy         X       32       environment         33       ethics         X       34       family issues         X       34       family issues         X       35       fees & other non-tax reverses         X       36       financial institutions         X       37       fire fighters & police         X       38       gambling         39       handicapped persons         X       40       health & health care         X       41       highways & roads         42       historic preservation & m         X       43       hospitals         44       housing       X         X       45       human services         X       46       insurance         X       47       labor         48       law enforcement       49         49       lawyers       50         50       libraries       51         51       malpractice-health care p         52       mental health & cognition         X       53       military &	enue	<ul> <li>57 occupational regulation</li> <li>58 oil &amp; gas</li> <li>59 open records &amp; open meetings</li> <li>60 parks &amp; wildlife</li> <li>61 political subdivisions</li> <li>62 probate</li> <li>63 product liability</li> <li>64 property interests</li> <li>65 public lands</li> <li>66 purchasing</li> <li>67 redistricting</li> <li>68 religion</li> <li>69 retirement systems</li> <li>70 safety</li> <li>71 special districts &amp; authorities</li> <li>72 state agencies, boards &amp; commissions</li> <li>73 state employees, officers &amp; symbols</li> <li>74 state finances</li> <li>75 taxation</li> <li>76 tort reform</li> <li>77 tourism</li> <li>78 transportation</li> <li>79 utilities</li> <li>80 vehicles &amp; traffic</li> <li>81 water</li> <li>82 weapons</li> </ul>		
X27 disaster preparedness & reliefX28 economic & industrial developmentX84 OTHER Fireworks, Consumer Drop	X     55 minors       X     56 nursing homes		83 women's issues		
14 DOCKET NOS. OR OTHER DESIGNATION X not applicable		AGENCY			
dditional pages DESIGNATION		AGENCY			
15 SIGNATURE       To the best of my knowledge the accompanying document is true and correct and includes all information to be report by me under chapter 305, GovernmentCode.         I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest). (See instructions for the text of Section 305.028.)         I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have isted 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.         AFFIX NOTARY STAMP / SEAL ABOVE       Mr. Stan Schlueter					
Signature of Registrant day					
of, 20 to cert Signature of officer administering oath	Printed name of officer admir		Title of officer administering 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, Stan (Mr.)					
3	EMPLOYER / CLIENT NAME	Altria Client Svcs & Affiliates-Philip Morris USA, John Middleton, USST	C & Helix Innov.				
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1005 Congress Avenue Suite 850	STATE; ZIP CODE				
		Austin, TX 78701					
	PART 2 - COMPENSATION						
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				
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?		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					
Fo	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a75				

REGSTRANT NAME       EMPLOYERCUENT NAME         Schlueter, Stan (Mr.)       Attra Clene Suce & Affiliates-Philip Morris USA, John Middleton, USSTC & Helix Innov.         1       SUBJECT MATTER	Use the FORM AREG INSTRUCTION	N GUIDE for assistance in filling ou	t this form	Page # Sch: 1/1 Rpt: 4/81	
SUBJECT MATTER CATEGORIES         1       abortion       29 education       57 occupational regulation         2       aeronautics       30 elections       50 open records & open meetings         4       agriculture       31 energy       50 open records & open meetings         5       atorbolic beverage regulation       33 ethics       50 open records & open meetings         5       atorbolic beverage regulation       33 ethics       60 parks & wildlife         5       atorbolic beverage regulation       33 ethics       62 probate         6       atorbolic beverage regulation       33 ethics       62 probate         7       atiens       35 fees & other non-tax revenue       53 product liability         8       anusements, games, sports       36 financial institutions       64 properly interests         10       atrs & humanities       38 gambing       66 purchasing       67 redistricting         11       busines & commerce       39 handicapped persons       67 redistricting       73 state agencies, boards & commissions         12       communication & press       44 housing       73 state agencies, officers & symbols       73 state employees, officers & symbols         13       consumer protection       47 tabor       75 taxatoin       74 state finances			Altria Client Svcs & Affiliates-Philip Morris USA, John Middleton,		
1       abortion       29       education       57       occupational regulation         2       aeronautics       30       elections       58       oil & gas         3       agriculture       32       environment       60       parks & wildlife         5       alcoholic beverage regulation       33       ethics       62       potent ecotods & open meetings         6       alcoholism & drug abuse       34       family issues       62       probate       63       product liability         8       anusements, games, sports       35       fees & other non-tax revenue       63       product liability         9       animals       37       fre fighters & police       65       public lands         11       business & commerce       39       handicapped persons       67       redistricting         12       cemeteries       X       40       health & health care       68       religion         12       cemeteries       X       40       health & health care       68       religion         13       city government       42       historic preservation & museums       70       safety         14       city government       42       historace       74	1 SUBJECT MATTER				
	2       aeronautics         3       aging         4       agriculture         5       alcoholic beverage regulat         6       alcoholism & drug abuse         7       aliens         8       amusements, games, spor         9       animals         10       arts & humanities         11       business & commerce         12       cemeteries         13       charitable & nonprofit orgative         14       city government         15       civil remedies & liabilities         16       coastal affairs & beaches         17       common carriers         18       communication & press         19       consumer protection         20       corporations & association         21       corrections         22       county government         23       courts         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & re         28       economic & industrial devection         0       OTHER         DESIGNATION       DESIGNATION         X	29       education         30       elections         31       energy         32       environment         33       ethics         34       family issues         35       fees & other no.         36       financial institu         37       fire fighters & p.         38       gambling         39       handicapped p         X       40         enizations       41         highways & roat       42         41       highways & roat         42       historic preserv         43       hospitals         44       housing         45       human service:         46       insurance         47       labor         48       law enforceme         49       lawyers         50       libraries         51       malpractice-he         52       mental health &         53       miltary & veter         54       mines & minera         elief       55         56       nursing homes	97       0         58       0         59       0         60       p         61       p         62       p         63       p         64       p         90       65         91       65         91       65         91       65         91       65         91       66         91       66         91       66         91       66         91       66         91       67         92       68         93       71         94       72         95       73         91       74         91       75         92       73         94       75         94       75         95       74         96       79         97       78         91       78         92       78         93       79         94       79         94       79         93       79 <tr< td=""><td>Il &amp; gas pen records &amp; open meetings arks &amp; wildlife olitical subdivisions robate roduct liability roperty interests ublic lands urchasing edistricting eligion etirement systems afety pecial districts &amp; authorities tate agencies, boards &amp; commissions tate employees, officers &amp; symbols tate finances uxation ort reform ourism ansportation tilities ehicles &amp; traffic rater reapons</td></tr<>	Il & gas pen records & open meetings arks & wildlife olitical subdivisions robate roduct liability roperty interests ublic lands urchasing edistricting eligion etirement systems afety pecial districts & authorities tate agencies, boards & commissions tate employees, officers & symbols tate finances uxation ort reform ourism ansportation tilities ehicles & traffic rater reapons	
DESIGNATION AGENCY GO TO SCHEDULE B	DESIGNA				

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 5/81				
2	REGISTRANT NAME						
		Schlueter, Stan (Mr.)					
3	EMPLOYER / CLIENT NAME	Austin Firefighters Relief and Retirement Fund					
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE				
	MAILING ADDRESS	4101 Parkstone Height					
		Suite 270					
		Austin, TX 78746					
	PART 2 - COMPENSATION						
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 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?		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					
For	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750				

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: 1/2 Rpt: 6/81	
REGISTRANT NAME		EMPLOYER	/CLIENT NAME	•		
Schlueter, Stan (Mr.)	Schlueter, Stan (Mr.) Austin Firefighters Relief and			Retirement Fund	t	
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	L				
2 CORPORATE 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	
	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 SHARES	LAST; SUFFIX;	FIRST;	TITLE			
	LAST; SUFFIX;	FIRST;	TITLE			
X not applicable additional pages	LAST; SUFFIX;	FIRST;	TITLE			
	CO T	O SCHEDULE A, PART 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: 2/2 Rpt: 7	/81
REGISTRANT NAME			EMPLOYER	EMPLOYER/CLIENT NAME		
Schlueter, Stan (Mr.)	) Austin Firefighters Relief and			Retirement Fund	ł	
1 CORPORATE SHAREHOLDERS	NUMBER OF <b>N/A</b>	SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; Weaver, Beli	SUFFIX; nda	FIRST;	TITLE		
MEMBERS	ADDRESS / P 4101 Parksto Suite 270 Austin, TX 78	one Height	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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 SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
X not applicable						
additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
GO TO SCHEDULE A, PART 4						

Use the FORM AREG INSTRUCTION GUIDE for	assistance in filling out	this form		Page # Sch: 1/1 Rpt: 8/81	
REGISTRANT NAME		EMPLOYER/CLIENT NAME			
Schlueter, Stan (Mr.)		Austin Firefighters Rel	ief and R	etirement Fund	
1 SUBJECT MATTER					
	SUBJECT MATTE				
			<b>– – – –</b>		
1 abortion 2 aeronautics	29 education 30 elections	Ļ		cupational regulation & gas	
3 aging	31 energy	F	=	en records & open meetings	
4 agriculture	32 environment	F		rks & wildlife	
5 alcoholic beverage regulation	33 ethics	F	<u> </u>	litical subdivisions	
6 alcoholism & drug abuse	34 family issues	F	<b>62</b> pro		
7 aliens	35 fees & other nor	n-tax revenue	≓ `	oduct liability	
<b>8</b> amusements, games, sports	36 financial institut	<u></u>		operty interests	
9 animals	X 37 fire fighters & po	L	<b>⊣</b> `	blic lands	
<b>10</b> arts & humanities	38 gambling	Ē		rchasing	
X 11 business & commerce	39 handicapped pe	ersons		districting	
12 cemeteries	40 health & health	care	68 rel	igion	
<b>13</b> charitable & nonprofit organizations	41 highways & roa	ds	X 69 ret	tirement systems	
14 city government	42 historic preserva	ation & museums	<b>70</b> sa	fety	
<b>15</b> civil remedies & liabilities	43 hospitals	Ī	<b>71</b> sp	ecial districts & authorities	
<b>16</b> coastal affairs & beaches	44 housing	Ē	X 72 sta	ate agencies, boards & commissions	
17 common carriers	45 human services	Γ	<b>73</b> sta	ate employees, officers & symbols	
<b>18</b> communication & press	46 insurance	Ī	<b>74</b> sta	ate finances	
<b>19</b> consumer protection	<b>47</b> labor	Ī	<b>75</b> ta	kation	
<b>20</b> corporations & associations	48 law enforcemen	t	<b>76</b> tor	t reform	
21 corrections	49 lawyers	Γ	77 tou	urism	
22 county government	<b>50</b> libraries	Γ	<b>78</b> tra	nsportation	
23 courts	51 malpractice-hea	Ith care providers	<b>79</b> uti	lities	
24 crime	52 mental health &	cognition	<b>80</b> ve	hicles & traffic	
<b>25</b> criminal procedures	53 military & vetera	ins	<b>81</b> wa	ater	
<b>26</b> day care	54 mines & minera	l resources	<b>82</b> we	eapons	
<b>27</b> disaster preparedness & relief	55 minors		83 wo	omen's issues	
<b>28</b> economic & industrial development	<b>56</b> nursing homes				
84 OTHER					
13 DOCKET NOS. OR					
OTHER DESIGNATION					
DESIGNATION		AGENCY			
additional pages DESIGNATION		AGENCY			
		AGENCI			
DESIGNATION		AGENCY			
DESIGNATION	00 TO 00				
GO TO SCHEDULE B					

# FORM AREG

Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 9/81					
2 REGISTRANT NAME	Schlueter, Stan (Mr.)						
3 EMPLOYER / CLIENT							
NAME	Baylor College of Medicine						
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE					
MAILING ADDITESS	One Baylor Plaza						
	Houston, TX 77030						
PART 2 - COMPEN	PART 2 - COMPENSATION						
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 (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 - ORGANI	ZATIONAL INFORMATION						
	T						
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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						
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750					

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.					10/81
REGISTRANT NAME	REGISTRANT NAME EMPLOYER/CLIENT NAME				
Schlueter, Stan (Mr.)		Baylor Coll	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	·			
2 CORPORATE OFFICERS AND BOARD MEMBERS	LAST; SUFFIX; Allbritton, Barbara	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Anderson M.D., John	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Baldwin, David	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Bowden, J. Murry	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
GO TO SCHEDULE A, PART 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: 2/13 Rpt: 11/81	
REGISTRANT NAME	E EMPLOYER/CLIENT NAME				
Schlueter, Stan (Mr.)		Baylor Colle	Baylor College of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Brenneman, Gregory	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Brewton, Robert	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Brown, Jay	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Clark, Shauna	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
_	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
GO TO SCHEDULE A, PART 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: 3/13 Rpt: 12/81	
REGISTRANT NAME	E EMPLOYER/CLIENT NAME				
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Dominy, David	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Eads, III, Ralph	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Fields, Jack	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Flores, James	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
GO TO SCHEDULE A, PART 4					

	nly if the employer/client covered b bublicly traded. Attach additional o			PAGE # Sch: 4/13 Rpt:	13/81
REGISTRANT NAME		EMPLOYER	CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	·			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Foshee M.D., Sarah	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Foster, Paul	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Goradia, Vijay	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Gray, Melanie	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO	TO SCHEDULE A, PART 4			

	only if the employer/client covered b publicly traded. Attach additional c			PAGE # Sch: 5/13 Rpt:	14/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS 0				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Hackett, James	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Heard, Larry	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Hobby, Paul	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Huff, John	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
_	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable	LAST; SUFFIX;	FIRST;	TITLE		
additional pages		,			
	GO T	O SCHEDULE A, PART 4			

	nly if the employer/client covered by bublicly traded. Attach additional co			PAGE # Sch: 6/13 Rpt:	15/81
REGISTRANT NAME		EMPLOYER	CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS 0	<b>I</b>			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Joseph, Elise	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Lawrence, Berdon	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Lawson Ph.D, T. Douglas	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Liu, Frank	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
_	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable	LAST; SUFFIX;	FIRST;	TITLE		
additional pages			=		
<b>I</b>	GOT	O SCHEDULE A, PART 4			

	nly if the employer/client covered bublicly traded. Attach additional			PAGE # Sch: 7/13 Rpt:	16/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Coll	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	3			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Livingstone Ph.D, Linda	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Lummis, Fred	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Luna, Gina	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; MacDougall, Michael	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO	TO SCHEDULE A, PART 4			

	nly if the employer/client covered b bublicly traded. Attach additional c			PAGE # Sch: 8/13 Rpt:	17/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; McCollum, Mark	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; McGee, Brooks	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Mearse, William	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Mendenhall, Trini	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO 1	TO SCHEDULE A, PART 4			

	nly if the employer/client covered b bublicly traded. Attach additional c			PAGE # Sch: 9/13 Rpt:	18/81
REGISTRANT NAME		EMPLOYER	CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	I			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Mitzner, Ira	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Mullins, Eric	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Nau III, John	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Owodunni, Precious	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
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			

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.					: 19/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Reppert, Todd	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Robertson Jr., Corbin	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Rosenthal, Lee	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Saberioon, Ali	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
SIMILO	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 4			

	nly if the employer/client covered b bublicly traded. Attach additional o			PAGE # Sch: 11/13 Rpt	:: 20/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Coll	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS 0	·			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Sanchez Jr., A. R.	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Shaprio, Marc	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Stewart, Gail	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Taub, Henry	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO 1	TO SCHEDULE A, PART 4			

	nly if the employer/client covered b bublicly traded. Attach additional			PAGE # Sch: 12/13 Rp	:: 21/81
REGISTRANT NAME		EMPLOYER	CLIENT NAME		
Schlueter, Stan (Mr.)		Baylor Colle	ege of Medicine		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Townsend, Kirk	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
X additional pages	LAST; SUFFIX; Underbrink, Robert	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Wallis, Christopher	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
	LAST; SUFFIX; Watson, Chuck	FIRST;	TITLE		
	ADDRESS / P.O. BOX; One Baylor Plaza	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Houston, TX 77030				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFFIX;	FIRST;	TITLE		
· -	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO	TO SCHEDULE A, PART 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: 13/13 Rpt: 22/81	
-	bublicly traded.	Attach additional co	-		Sch: 13/13 Rp	. 22/81	
REGISTRANT NAME			_				
Schlueter, Stan (Mr.)			Baylor Coll	ege of Medicine			
1 CORPORATE SHAREHOLDERS	NUMBER OF 0	SHAREHOLDERS					
2 CORPORATE OFFICERS AND BOARD	LAST; Williams, Ch	SUFFIX; arles	FIRST;	TITLE			
MEMBERS	ADDRESS / F One Baylor		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Houston, TX	77030					
additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
	ADDRESS / F	P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	LAST;	SUFFIX;	FIRST;	TITLE			
	ADDRESS / F	P.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			
SHARES	LAST;	SUFFIX;	FIRST;	TITLE			
X not applicable		0.15-11	51505				
additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
<b>/</b>		GO T	O SCHEDULE A, PART 4				

Use the FORM AREG INSTRUCTION GUIDE for	or assistance in filling ou			Page # Sch: 1/1 Rpt: 23/81		
REGISTRANT NAME		EMPLOYER/CLIENT NAM				
Schlueter, Stan (Mr.)		Baylor College of Medi	cine			
1 SUBJECT MATTER						
	SUBJECT MATT	ER CATEGORIES	_			
1 abortion	X 29 education		=	cupational regulation		
2 aeronautics	30 elections	Ļ	4	& gas		
3 aging	31 energy			een records & open meetings		
4 agriculture	32 environment		_ ·	urks & wildlife		
5 alcoholic beverage regulation	33 ethics	Ļ	≓ '	litical subdivisions		
6 alcoholism & drug abuse	34 family issues		62 pr			
7 aliens 8 amusements, games, sports	35 fees & other no 36 financial institut		=	oduct liability operty interests		
9 animals	37 fire fighters & p		<b>_</b> `	iblic lands		
<b>10</b> arts & humanities	38 gambling			irchasing		
11 business & commerce	39 handicapped pe	ersons	= `	districting		
12 cemeteries	X     40 health & health		68 rel	0		
X         13 charitable & nonprofit organizations	41 highways & roa		=	tirement systems		
14 city government	42 historic preserv		<b>70</b> sa			
<b>15</b> civil remedies & liabilities	X 43 hospitals	F	4	ecial districts & authorities		
<b>16</b> coastal affairs & beaches	44 housing	Ē	<b>_</b> `	ate agencies, boards & commissions		
<b>17</b> common carriers	45 human services	; 	=	ate employees, officers & symbols		
<b>18</b> communication & press	46 insurance		<b>74</b> sta	ate finances		
<b>19</b> consumer protection	47 labor		<b>75</b> tax	xation		
<b>20</b> corporations & associations	48 law enforcemer	nt	<b>76</b> tor	rt reform		
21 corrections	49 lawyers	Γ	<b>77</b> tou	urism		
22 county government	<b>50</b> libraries		<b>78</b> tra	ansportation		
23 courts	<b>51</b> malpractice-hea	alth care providers	<b>79</b> uti	ilities		
24 crime	52 mental health 8	cognition	<b>80</b> ve	hicles & traffic		
<b>25</b> criminal procedures	53 military & vetera	ans	<b>81</b> wa	ater		
<b>26</b> day care	54 mines & minera	l resources	82 we	eapons		
<b>27</b> disaster preparedness & relief	55 minors		<b>83</b> wo	omen's issues		
<b>28</b> economic & industrial development	<b>56</b> nursing homes					
84 OTHER						
13 DOCKET NOS. OR						
OTHER DESIGNATION		······				
DESIGNATION		AGENCY				
additional pages						
DESIGNATION		AGENCY				
DESIGNATION		AGENCY				
ll	GO TO SCHEDULE B					

	Use the Form AREG Instruc	1 PAGE # Sch: 1/1 Rpt: 24/81	
2	REGISTRANT NAME	Schlueter, Stan (Mr.)	
Ļ	EMPLOYER / CLIENT		
3	NAME	Bombardier Aerospace Corporation	
4	EMPLOYER / CLIENT	ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
	MAILING ADDRESS	1 Learjet Way	
		Wichita, KS 67209	
	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 (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?		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	
Fo	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

Use the FORM AREG INSTRUCTION GUIDE for	or assistance in filling out	t this form		Page # Sch: 1/1 Rpt: 25/81
REGISTRANT NAME		EMPLOYER/CLIENT NAME		
Schlueter, Stan (Mr.)		Bombardier Aerospace	e Corpora	ation
1 SUBJECT MATTER				
	SUBJECT MATT	ER CATEGORIES		
<b>1</b> abortion	29 education	Γ	<b>57</b> oc	cupational regulation
<b>2</b> aeronautics	30 elections	Ē	=	& gas
<b>3</b> aging	31 energy	Ī	<b>59</b> op	en records & open meetings
4 agriculture	32 environment	Ē	<b>60</b> pa	rks & wildlife
<b>5</b> alcoholic beverage regulation	33 ethics	Γ	<b>61</b> pc	litical subdivisions
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues	Γ	<b>62</b> pr	obate
<b>7</b> aliens	35 fees & other no	n-tax revenue	<b>63</b> pr	oduct liability
<b>8</b> amusements, games, sports	<b>36</b> financial institut	ions	<b>64</b> pr	operty interests
9 animals	37 fire fighters & p	olice	<b>65</b> pt	ıblic lands
<b>10</b> arts & humanities	38 gambling		<b>66</b> pt	irchasing
X 11 business & commerce	<b>39</b> handicapped pe	ersons	67 re	districting
12 cemeteries	40 health & health	care	68 re	ligion
<b>13</b> charitable & nonprofit organizations	41 highways & roa	ds	<b>69</b> re	tirement systems
14 city government	42 historic preserv	ation & museums	<b>70</b> sa	ıfety
<b>15</b> civil remedies & liabilities	<b>43</b> hospitals		<b>71</b> sp	ecial districts & authorities
<b>16</b> coastal affairs & beaches	44 housing		<b>72</b> sta	ate agencies, boards & commissions
<b>17</b> common carriers	45 human services	5	<b>73</b> sta	ate employees, officers & symbols
<b>18</b> communication & press	<b>46</b> insurance		<b>74</b> sta	ate finances
<b>19</b> consumer protection	47 labor		<b>75</b> ta:	xation
<b>20</b> corporations & associations	48 law enforcemer	nt	<b>76</b> to	rt reform
21 corrections	49 lawyers		<b>77</b> to	urism
22 county government	<b>50</b> libraries		<b>X 78</b> tra	ansportation
23 courts	<b>51</b> malpractice-hea	alth care providers	<b>79</b> uti	lities
24 crime	52 mental health &	cognition	<b>80</b> ve	hicles & traffic
<b>25</b> criminal procedures	<b>53</b> military & vetera		<b>81</b> wa	
26 day care	54 mines & minera	l resources		eapons
<b>27</b> disaster preparedness & relief	55 minors		<b>83</b> wo	omen's issues
X 28 economic & industrial development	<b>56</b> nursing homes			
84 OTHER				
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	1 PAGE # Sch: 1/1 Rpt: 26/81	
2	REGISTRANT NAME		
		Schlueter, Stan (Mr.)	
3	EMPLOYER / CLIENT NAME	Caesars Enterprise Services, LLC	
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; One Caesars Palace Drive	STATE; ZIP CODE
		Las Vegas, NV 89109	
	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 (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?		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	
	rmo provided by Tayloo 5 <sup>th</sup>	oc Commission	
<b>F</b> 0	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

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

Complete PART 3(a) o is an unincorporated e	a) only if the employer/client covered by this SCHEDULE A ed entity. Attach additional copies of this form as needed.			PAGE # Sch: 1/1 Rpt: 27/81		
REGISTRANT NAME			EMPLOYER/	CLIENT NAME		
Schlueter, Stan (Mr.)				terprise Services	LLC	
1 ENTITY	NUMBER OF	MEMBERS		•		
MEMBERSHIP	1					
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Maddox, Jo	SUFFIX; hn	FIRST;	TITLE		
POLICY	LAST; Magdaluyo,	SUFFIX; Kelley	FIRST;	TITLE		
additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
3 DESCRIPTION OF		IETHODS OF ENTITY DE	CISION-MAKING PEI		(ING	
POLICY-MAKING METHODS		ter discussions and resea				
additional pages						
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 SCHEDULE A, PART 4					

Use the FORM AREG INSTRUCTION GUIDE fo	r assistance in filling out	this form		Page # Sch: 1/1 Rpt: 28/81
REGISTRANT NAME		EMPLOYER/CLIENT NA	ME	
Schlueter, Stan (Mr.)		Caesars Enterprise Se	ervices, L	LC
1 SUBJECT MATTER				
	SUBJECT MATTI	ER CATEGORIES		
<b>1</b> abortion	<b>29</b> education	[	<b>57</b> oc	cupational regulation
<b>2</b> aeronautics	<b>30</b> elections			& gas
3 aging	31 energy			en records & open meetings
4 agriculture	32 environment		'	arks & wildlife
<b>5</b> alcoholic beverage regulation	33 ethics			olitical subdivisions
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues		62 pr	
7 aliens	35 fees & other not	L	=	oduct liability
X 8 amusements, games, sports	36 financial institut		<b>_</b> `	operty interests
9 animals	37 fire fighters & po	blice	=	iblic lands
10 arts & humanities	X 38 gambling	Ļ		Irchasing
X 11 business & commerce	39 handicapped pe			districting
12 cemeteries	40 health & health	L	68 re	-
<b>13</b> charitable & nonprofit organizations	41 highways & roa	Let a construct the second sec		tirement systems
14 city government	42 historic preserve	ation & museums	70 sa	•
15 civil remedies & liabilities	43 hospitals	ļ		ecial districts & authorities
16 coastal affairs & beaches	44 housing			ate agencies, boards & commissions
17 common carriers	45 human services			ate employees, officers & symbols
18 communication & press	46 insurance		=	ate finances
19 consumer protection	47 labor			xation
20 corporations & associations	48 law enforcemen	· F	=	rt reform
21 corrections	49 lawyers		X 77 to	
22 county government	50 libraries	lth cours was videns		ansportation
23 courts	51 malpractice-hea		79 uti	
24 crime	52 mental health &	-	_	hicles & traffic
25 criminal procedures	53 military & vetera			
26 day care	54 mines & minera	resources		eapons
27 disaster preparedness & relief	55 minors	L	<b>83</b> W	omen's issues
<ul> <li>28 economic &amp; industrial development</li> <li>84 OTHER</li> </ul>	<b>56</b> nursing homes			
13 DOCKET NOS. OR OTHER				
DESIGNATION				
X not applicable		AGENCY		
additional pages		AGENCY		
		AGENUT		
DESIGNATION		AGENCY		
	GO TO SC	HEDULE B		

Use the Form ARE	G Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 29/81
2 REGISTRANT NAM	1E		
		Schlueter, Stan (Mr.)	
3 EMPLOYER / CLIE NAME	NT	Centene Corporation on behalf of its affiliates and subsidiaries includir	ng Superior HealthPlan
4 EMPLOYER / CLIE MAILING ADDRES		ADDRESS / P.O. BOX; APT / SUITE #; CITY; 5900 E. Ben White Blvd.	STATE; ZIP CODE
		Austin, TX 78741	
PART 2 - CO	MPEN	SATION	
1 LEVEL OF COMPENSATION FOR LOBBYING		Less than \$18,890	
2 TYPE OF COMPEN BEING REPORTED		PAID EARNED X (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	
		ATIONAL INFORMATION	
1 IS THE EMPLOYER/C AN ENTITY OR AN INDIVIDUAL?	LIENT		Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/C A CORPORATION?	LIENT	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 STA AGENCY THAT PAYS SALES COMMISSION SUCH FEE?	S YOU A	YES (Complete PART 5 of SCHEDULE A) X NO	
Forms provided by Te	exas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a75

Use the FORM AREG INSTRUCTION GUIDE	E for assistance in filling out	this form		Page # Sch: 1/1 Rpt: 30/81	
REGISTRANT NAME		EMPLOYER/CLIENT NAM			
Schlueter, Stan (Mr.)		Centene Corporation on behalf of its affiliates and subsidiaries including Superior HealthPlan			
1 SUBJECT MATTER					
	SUBJECT MATT	ER CATEGORIES			
1       abortion         2       aeronautics         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 organization         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         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & relief         28       economic & industrial developmen         84       OTHER <t< td=""><td>42 historic preserv         ×       43 hospitals         44 housing         ×       45 human services         ×       46 insurance         47 labor         48 law enforcemer         49 lawyers         50 libraries         51 malpractice-heat         52 mental health &amp;         53 military &amp; veterat         54 mines &amp; minerat         ×       55 minors</td><td>ions plice ersons care ds ation &amp; museums X s Alth care providers cognition ans</td><td>58       oil a         59       ope         60       par         61       poli         62       pro         63       pro         64       pro         65       pult         66       pur         67       red         68       reliq         69       reti         70       safe         71       spe         72       stai         73       stai         74       stai         75       taxa         76       tort         77       tou         78       trar         80       veh         81       wat         82       wea</td><td>en records &amp; open meetings ks &amp; wildlife itical subdivisions bate duct liability perty interests blic lands rchasing listricting gion rement systems ety ecial districts &amp; authorities te agencies, boards &amp; commissions te employees, officers &amp; symbols te finances ation rreform rism nsportation ities hicles &amp; traffic ter</td></t<>	42 historic preserv         ×       43 hospitals         44 housing         ×       45 human services         ×       46 insurance         47 labor         48 law enforcemer         49 lawyers         50 libraries         51 malpractice-heat         52 mental health &         53 military & veterat         54 mines & minerat         ×       55 minors	ions plice ersons care ds ation & museums X s Alth care providers cognition ans	58       oil a         59       ope         60       par         61       poli         62       pro         63       pro         64       pro         65       pult         66       pur         67       red         68       reliq         69       reti         70       safe         71       spe         72       stai         73       stai         74       stai         75       taxa         76       tort         77       tou         78       trar         80       veh         81       wat         82       wea	en records & open meetings ks & wildlife itical subdivisions bate duct liability perty interests blic lands rchasing listricting gion rement systems ety ecial districts & authorities te agencies, boards & commissions te employees, officers & symbols te finances ation rreform rism nsportation ities hicles & traffic ter	
additional pages DESIGNATION		AGENCY			
DESIGNATION		AGENCY			
GO TO SCHEDULE B					

# FORM AREG

Use the Form AREG Instruc	Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.					
2 REGISTRANT NAME						
	Schlueter, Stan (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	ISATION					
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 FOR ENTITY	YES NAME OF ENTITY					
	ADDRESS OF ENTITY					
	X NO PHONE NO. OF ENTITY					
PART 3 - ORGANI	ZATIONAL INFORMATION					
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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					
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a75				

	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: 1/2 Rpt: 32/81	
REGISTRANT NAME			EMPLOYER/	CLIENT NAME			
Schlueter, Stan (Mr.)			City of Killee	en			
1 CORPORATE SHAREHOLDERS	NUMBER OF SHARE <b>N/A</b>	HOLDERS	L				
2 CORPORATE OFFICERS AND BOARD	LAST; Boyd, Michael	SUFFIX;	FIRST;	TITLE			
MEMBERS	ADDRESS / P.O. BO> P. O. Box 1329	ζ; Α	PT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Killeen, TX 76540						
X additional pages	LAST; Brown, Mellisa	SUFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BO> P. O. Box 1329	(; A	PT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Killeen, TX 76540						
	LAST; Cobb, Nina	SUFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BO> P. O. Box 1329	(; A	PT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Killeen, TX 76540						
	LAST; Gonzalez, Jessica	SUFFIX;	FIRST;	TITLE			
	ADDRESS / P.O. BO> P. O. Box 1329	ζ; Α	PT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Killeen, TX 76540						
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST;	SUFFIX;	FIRST;	TITLE			
PERSONS OWNING 10% OR MORE SHARES		SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
X not applicable							
additional pages	LAST;	SUFFIX;	FIRST;	TITLE			
		GO TO SC	HEDULE A, PART 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.				
REGISTRANT NAME		EMPLO	YER/CLIENT NAME		
Schlueter, Stan (Mr.)		City of I	Killeen		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLD N/A	DERS			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFF Nash-King, Debbie	IX;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Killeen, TX 76540				
additional pages	LAST; SUFF Segarra, Jose L.	IX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Killeen, TX 76540				
	LAST; SUFF Wilkerson, Ken	IX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Killeen, TX 76540				
	LAST; SUFF Williams, Rick	IX; FIRST;	TITLE		
	ADDRESS / P.O. BOX; P. O. Box 1329	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Killeen, TX 76540				
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFF	IX; FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST; SUFF		TITLE		
	LAST; SUFF	IX; FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFF	IX; FIRST;	TITLE		
		GO TO SCHEDULE A, PAR	T 4		

Use the FORM AREG INSTRUCTION C	GUIDE for assistance in filling out	this form	Page # Sch: 1/1 Rpt: 34/81		
REGISTRANT NAME					
Schlueter, Stan (Mr.)		City of Killeen			
1 SUBJECT MATTER					
	SUBJECT MATTE	ER CATEGORIES			
1       abortion         2       aeronautics         3       aging         4       agriculture         5       alcoholic beverage regulation         6       alcoholism & drug abuse         7       aliens         8       amusements, games, sports         9       animals         10       arts & humanities         X       11         business & commerce       12         12       cemeteries         13       charitable & nonprofit organiz         X       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         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & relie         28       economic & industrial develo     <	34 family issues         35 fees & other nor         36 financial instituti         37 fire fighters & po         38 gambling         39 handicapped pe         40 health & health         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 &         X       53 military & vetera         54 mines & minera         55 minors         56 nursing homes	58         59         60         61         62         ons         61         62         ons         64         olice         65         66         67         68         69         ation & museums         71         72         73         74         ×         75         cognition         01         01         01         01         01         01         01         01         01         01         01         01         01         01         01         01         01         01         02         03         04         05         05         06         07         07         07         07         07         07	occupational regulation oil & gas open records & open meetings parks & wildlife political subdivisions probate product liability property interests public lands purchasing redistricting religion retirement systems safety special districts & authorities state agencies, boards & commissions state employees, officers & symbols state finances taxation tort reform tourism transportation utilities vehicles & traffic water weapons women's issues		
additional pages DESIGNATI	ION	AGENCY			
DESIGNATI	ION	AGENCY			
GO TO SCHEDULE B					

# FORM AREG

Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 35/81	
2 REGISTRANT NAME			
	Schlueter, Stan (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	ISATION		
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 (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 - ORGANI	ZATIONAL INFORMATION		
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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		
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a75	

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

Complete PART 3(a) o is an unincorporated e	3(a) only if the employer/client covered by this SCHEDULE A ated entity. Attach additional copies of this form as needed.			PAGE # Sch: 1/1 Rpt: 36/81		
REGISTRANT NAME			EMPLOYER/0	CLIENT NAME		
Schlueter, Stan (Mr.)			College Nan	nies + Sitters		
1 ENTITY MEMBERSHIP	NUMBER OF M 26	EMBERS				
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Dupuy, Kathy	SUFFIX;	FIRST;	TITLE		
POLICY	LAST; Dupuy, Stuart	SUFFIX;	FIRST;	TITLE		
additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
3 DESCRIPTION OF	DESCRIBE MET	HODS OF ENTITY D	ECISION-MAKING REL	ATING TO LOBBY	/ING	
POLICY-MAKING METHODS	After research and o	discussions majority v	ote of the board.			
additional pages						
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		
	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
	GO TO SCHEDULE A, PART 4					

Use the FORM AREG INSTRUCTION GUIDE	for assistance in filling out	t this form		Page # Sch: 1/1 Rpt: 37/81
REGISTRANT NAME		EMPLOYER/CLIENT NAME		
Schlueter, Stan (Mr.)		College Nannies + Sitte	rs	
1 SUBJECT MATTER		•		
	SUBJECT MATT	ER CATEGORIES		
<b>1</b> abortion	<b>29</b> education	X	<b>57</b> occu	upational regulation
<b>2</b> aeronautics	<b>30</b> elections		<b>58</b> oil &	gas
<b>3</b> aging	31 energy		<b>59</b> oper	n records & open meetings
<b>4</b> agriculture	<b>32</b> environment		<b>60</b> park	s & wildlife
<b>5</b> alcoholic beverage regulation	33 ethics		61 politi	ical subdivisions
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues		62 prob	pate
<b>7</b> aliens	35 fees & other no		- ·	luct liability
8 amusements, games, sports	<b>36</b> financial institut			perty interests
9 animals	37 fire fighters & p	olice	65 publ	
10 arts & humanities	38 gambling		66 purc	
11 business & commerce	<b>39</b> handicapped pe		67 redis	0
12 cemeteries	40 health & health		68 religi	
<b>13</b> charitable & nonprofit organization			4	ement systems
14 city government	42 historic preserv	ation & museums	<b>70</b> safe	•
15 civil remedies & liabilities	43 hospitals			cial districts & authorities
16 coastal affairs & beaches	44 housing		-	e agencies, boards & commissions
17 common carriers	45 human services		4	e employees, officers & symbols
18 communication & press	X 46 insurance		4	e finances
19 consumer protection	47 labor 48 law enforcemer		75 taxa 76 tort r	
20 corporations & associations 21 corrections	49 lawyers		<b>76</b> totri <b>77</b> touri	
	50 libraries		4	
22 county government 23 courts	50 infraries	lth caro providors	<b>78</b> u ans <b>79</b> u tiliti	sportation
	51 maipractice-nea	· ·	1	cles & traffic
25 criminal procedures	53 military & vetera	-	<b>80</b> Verm	
X 26 day care	54 mines & minera		<b>81</b> wate <b>82</b> wear	
<b>27</b> disaster preparedness & relief	<b>55</b> minors			ien's issues
28 economic & industrial development		L		
84 OTHER				
13 DOCKET NOS. OR				
OTHER				
DESIGNATION		AGENCY		
X not applicable				
additional pages				
DESIGNATION		AGENCY		
DESIGNATION		AGENCY		
	GO TO SC	HEDULE B		

Use the Form AREG Instruc	Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.									
2 REGISTRANT NAME										
	Schlueter, Stan (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	PART 2 - COMPENSATION									
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 REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY									
	ADDRESS OF ENTITY									
	X NO PHONE NO. OF ENTITY									
PART 3 - ORGANI	ZATIONAL INFORMATION									
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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									
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.fc88a75c										

#### FORM AREG SCHEDULE A PG 3

Complete PART 3(b) only if the employer/client covered by this SCHEDULE A is a corporation						
whose shares are not p	ublicly traded. Att	ach additional c	ded.	Sch: 1/1 Rpt: 3	9/81	
REGISTRANT NAME				R/CLIENT NAME		
Schlueter, Stan (Mr.)			DJI Techno	ology, Inc.		
1 CORPORATE SHAREHOLDERS	NUMBER OF SH 1	IAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; Da, Lu	SUFFIX;	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O 201 S. Victory		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Burbank, CA 9	1502				
additional pages	LAST; Di, Wang	SUFFIX;	FIRST;	TITLE		
	ADDRESS / P.O 201 S. Victory		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Burbank, CA 9	1502				
	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; DJI Europe B.\	SUFFIX; /.	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES	LAST;	SUFFIX;	FIRST;	TITLE		
not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		<u>G</u> O T	O SCHEDULE A, PART 4			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Use the FORM AREG INSTRUCTION	GUIDE for assistance in filling out	t this form	Page # Sch: 1/1 Rpt: 40/81	
REGISTRANT NAME Schlueter, Stan (Mr.)		EMPLOYER/CLIENT NAME		
		DJI Technology, Inc.		
1 SUBJECT MATTER				
<b>1</b> abortion	SUBJECT MATT		57 occupational regulation	
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 organi         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         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & relia         28       economic & industrial develor	34 family issues         35 fees & other no.         36 financial institut         37 fire fighters & poly         38 gambling         39 handicapped per         40 health & health         41 highways & roa         42 historic preserve         43 hospitals         44 housing         45 human services         46 insurance         47 labor         48 law enforcemen         49 lawyers         50 libraries         51 malpractice-heat         52 mental health &         53 military & veteration         54 mines & mineration         55 minors         56 nursing homes	ions	<ul> <li>58 oil &amp; gas</li> <li>59 open records &amp; open meetings</li> <li>60 parks &amp; wildlife</li> <li>61 political subdivisions</li> <li>62 probate</li> <li>63 product liability</li> <li>64 property interests</li> <li>65 public lands</li> <li>66 purchasing</li> <li>67 redistricting</li> <li>68 religion</li> <li>69 retirement systems</li> <li>70 safety</li> <li>71 special districts &amp; authorities</li> <li>72 state agencies, boards &amp; commissions</li> <li>73 state employees, officers &amp; symbols</li> <li>74 state finances</li> <li>75 taxation</li> <li>76 tort reform</li> <li>77 tourism</li> <li>78 transportation</li> <li>79 utilities</li> <li>80 vehicles &amp; traffic</li> <li>81 water</li> <li>82 weapons</li> <li>83 women's issues</li> </ul>	
X 84 OTHER Consumer Drone	5			
OTHER     DESIGNATION       X     not applicable       additional pages     DESIGNAT		AGENCY		
DESIGNAT	ION	AGENCY		
	GO TO SC	HEDULE B		

	tion Cuide for excitations in filling out Caledula A Day 1	1 PAGE #
Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	Sch: 1/1 Rpt: 41/81
2 REGISTRANT NAME		
	Schlueter, Stan (Mr.)	
3 EMPLOYER / CLIENT NAME	MV Transportation, Inc	
4 EMPLOYER / CLIENT	ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
MAILING ADDRESS	2711 N. Haskell Ave.	
	Suite 1500, LB-2	
	Dallas, TX 75204	
PART 2 - COMPEN	ISATION	
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 (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?		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	
Forms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

	nly if the employer/client covered by publicly traded. Attach additional c		PAGE # Sch: 1/2 Rpt: 4	2/81	
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		MV Transp	ortation, Inc		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Egan, Tom	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 2711 N. Haskell Ave. Suite 1500, LB-2 Dallas, TX 75204	APT / SUITE #;	CITY;	STATE;	ZIP CODE
X additional pages	LAST; SUFFIX; Hicks, Lisa Winston	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 2711 N. Haskell Ave. Suite 1500, LB-2 Dallas, TX 75204	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	LAST; SUFFIX; Letier, Scott	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 2711 N. Haskell Ave. Suite 1500, LB-2 Dallas, TX 75204	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	LAST; SUFFIX; Lodde, Alex	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 4			

Complete PART 3(b) or whose shares are not p			PAGE # Sch: 2/2 Rpt: 4	3/81		
REGISTRANT NAME			EMPLOYE	R/CLIENT NAME	•	
Schlueter, Stan (Mr.)			MV Trans	portation, Inc		
1 CORPORATE SHAREHOLDERS	NUMBER OF SH <b>N/A</b>	AREHOLDERS	•			
2 CORPORATE OFFICERS AND BOARD	LAST; Lodde, Feysan	SUFFIX;	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. 2711 N. Haskel Suite 1500, LB- Dallas, TX 7520	l Ave. 2	APT / SUITE #;	CITY;	STATE;	ZIP CODE
additional pages	LAST; Rogers, John	SUFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. 2711 N. Haskel Suite 1500, LB- Dallas, TX 7520	l Ave. 2	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		
_	LAST;	SUFFIX;	FIRST;	TITLE		
X not applicable additional pages	LAST;	SUFFIX;	FIRST;	TITLE		
		GO TI	O SCHEDULE A, PART	4		

Use t	he FORM AREG INS	or ass	istance in filling out	this form			Page # Sch: 1/1 Rpt: 44/81	
REGI	STRANT NAME				EMPLOYER/CLIENT NAME			
Schlu	ueter, Stan (Mr.)				MV Transportation	n, Inc		
1 SU	JBJECT MATTER				•			
				SUBJECT MATTE	ER CATEGORIES			
	1 abortion			29 education			<b>57</b> oc	ccupational regulation
	2 aeronautics			30 elections			<b>58</b> oi	l & gas
	<b>3</b> aging			31 energy			<b>59</b> op	pen records & open meetings
	4 agriculture			32 environment			<b>60</b> pa	arks & wildlife
	5 alcoholic bevera	age regulation		33 ethics			<b>61</b> po	olitical subdivisions
	6 alcoholism & dr	ug abuse		34 family issues			<b>62</b> pr	robate
🗌	7 aliens			35 fees & other nor			•	roduct liability
	8 amusements, g	ames, sports		36 financial instituti			•	operty interests
	9 animals			37 fire fighters & po	olice		<b>65</b> pı	ublic lands
	10 arts & humanitie			38 gambling				urchasing
X	11 business & com	imerce	X	<b>39</b> handicapped pe				districting
	12 cemeteries			40 health & health				ligion
		nprofit organizations		41 highways & road				tirement systems
	14 city government			42 historic preserva	ation & museums		<b>70</b> sa	•
	15 civil remedies &			43 hospitals				pecial districts & authorities
▎凵	16 coastal affairs &			44 housing		X		ate agencies, boards & commissions
▎凵	17 common carrier			45 human services				ate employees, officers & symbols
∣⊢	18 communication			<b>46</b> insurance				ate finances
ᅵ님	19 consumer prote			47 labor				xation
	20 corporations & a	associations		48 law enforcemen	t			rt reform
	21 corrections			49 lawyers				urism
	22 county governm	ient		50 libraries	lithe action in the second	<u> </u>		ansportation
	23 courts			51 malpractice-hea	•			ilities
	24 crime			52 mental health &				ehicles & traffic
╽╠	<ul><li>25 criminal proceduce</li><li>26 day care</li></ul>	ures	Н	<ul><li>53 military &amp; vetera</li><li>54 mines &amp; minera</li></ul>			81 w	
∣⊣		adapage & roliof			riesources			eapons
╽╞╡	27 disaster prepare	ustrial development	H	<ul><li>55 minors</li><li>56 nursing homes</li></ul>			03 W	omen's issues
	<b>84</b> OTHER	ustrial development		50 hursing homes				
	DCKET NOS. OR							
0	THER							
DE	ESIGNATION	DESIGNATION			AGEN	СҮ		
X	not applicable	_						
	additional pages							
╎└		DESIGNATION			AGEN	CY		
		DESIGNATION			AGEN	СҮ		
		I		GO TO SC	HEDULE B			

	Use the Form AREG Instruc	1 PAGE # Sch: 1/1 Rpt: 45/81		
2	REGISTRANT NAME			
		Schlueter, Stan (Mr.)		
3	EMPLOYER / CLIENT NAME	Medtronic, Inc.		
4	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 710 Medtronic Parkway NE LC370 Minneapolis, MN 55432	STATE; ZIP CODE	
	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 (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		
F	PART 3 - ORGANIZ	ZATIONAL INFORMATION		
L	FART 3 - ORGANIZ			
1	IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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		
Eo	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750	

Use the FORM AREG INSTRUCTION GUI	DE for assistance in filling out	this form		Page # Sch: 1/1 Rpt: 46/81	
REGISTRANT NAME		EMPLOYER/CLIENT NAME			
Schlueter, Stan (Mr.)		Medtronic, Inc.			
1 SUBJECT MATTER					
	SUBJECT MATTE	ER CATEGORIES			
2       aeronautics         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 organization         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         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & relief         28       economic & industrial developmer	42 historic preserva         43 hospitals         44 housing         45 human services         46 insurance         47 labor         48 law enforcement         49 lawyers         50 libraries         51 malpractice-heat         52 mental health &         53 military & veterat         54 mines & minerat         55 minors	In the care providers cognition ans	60       par         61       poli         62       pro         63       pro         64       pro         65       public         66       pur         67       redition         68       relition         70       safe         71       specific         72       state         73       state         74       state         75       taxae         76       totul         78       trare         79       utili         80       veh         81       wate         82       wea	en records & open meetings ks & wildlife titical subdivisions bate duct liability perty interests olic lands chasing istricting gion rement systems ety ecial districts & authorities te agencies, boards & commissions te employees, officers & symbols te finances ation reform rism nsportation tites hicles & traffic ter	
84 OTHER					
13 DOCKET NOS. OR OTHER DESIGNATION       DESIGNATION         Image: Image state s		AGENCY			
DESIGNATION	l	AGENCY			
	GO TO SC	HEDULE B			

Use the Form AREG Instruc	1 PAGE # Sch: 1/1 Rpt: 47/81	
2 REGISTRANT NAME		
	Schlueter, Stan (Mr.)	
3 EMPLOYER / CLIENT NAME	Red Bull North America	
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 1740 Stewart Street	STATE; ZIP CODE
	Santa Monica, CA 90404	
PART 2 - COMPEN	ISATION	
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 FOR ENTITY	YES NAME OF ENTITY	
	ADDRESS OF ENTITY	
	ZATIONAL INFORMATION	
PART 3 - ORGANIA		
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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	
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

	nly if the employer/client covered bublicly traded. Attach additional	PAGE # Sch: 1/9 Rpt: 48/81			
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS <b>N/A</b>	3			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Arndt, Thomas	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Beneke, Devon	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Bradfield, Scott	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street San Monica, CA 90404	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Munica, CA 90404				
	LAST; SUFFIX; Conway, Ryan	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO	TO SCHEDULE A, PART 4			

Forms provided by Texas Ethics Commission

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.					9/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Costa, Amy	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Dickson, Alastair	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Eggert, Sean	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Ferguson, Curtis	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		
0.0.0	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 4			

Complete PART 3(b) of whose shares are not	PAGE # Sch: 3/9 Rpt: 50/81				
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Feuerstein, Andy	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Goluboff, Trent	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Guarino, Fredo	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Hardy, Gina	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 4			

Complete PART 3(b) of whose shares are not j	PAGE # Sch: 4/9 Rpt: 51/81				
REGISTRANT NAME		EMPLOYER	/CLIENT NAME	•	
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS	I			
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Holzmann, Oliver	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Kahler, Todd	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Kuri, J	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Kwon, Peter	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GOT	O SCHEDULE A, PART 4			

Complete PART 3(b) of whose shares are not	PAGE # Sch: 5/9 Rpt: 52/81				
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Laratta, Edward	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Mateschitz, Dietrich	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Mueller, Micha	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 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.					3/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME	•	
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS <b>N/A</b>				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Nistico, Robert	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Nowakowski, Tomasz	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Oghoghomeh, Akerho	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 4			

Forms provided by Texas Ethics Commission

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.					4/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME	•	
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Rappaport, Mark	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Reynolds, David	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Ritterbush, Dave	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Robbins, Greg	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 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.					5/81
REGISTRANT NAME		EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)		Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Showalter, John	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
X additional pages	LAST; SUFFIX; Steiner, Guenther	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Trombetta, Chris	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 1740 Stewart Street	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	San Monica, CA 90404				
	LAST; SUFFIX; Turner, Ken	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		
	LAST; SUFFIX;	FIRST;	TITLE		
X not applicable					
additional pages	LAST; SUFFIX;	FIRST;	TITLE		
	GO T	O SCHEDULE A, PART 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.					6/81
REGISTRANT NAME			EMPLOYER	/CLIENT NAME		
Schlueter, Stan (Mr.)			Red Bull No	orth America		
1 CORPORATE SHAREHOLDERS	NUMBER OF S <b>N/A</b>	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 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 INSTRUCTION GUIDE fo	r assistance in filling out	this form		Page # Sch: 1/1 Rpt: 57/81
REGISTRANT NAME		EMPLOYER/CLIENT NA		
Schlueter, Stan (Mr.)		Red Bull North Americ	a	
1 SUBJECT MATTER				
1 SUBJECT WATTER				
	SUBJECT MATT	ER CATEGORIES		
<b>1</b> abortion	<b>29</b> education		=	cupational regulation
2 aeronautics	30 elections	Ļ		& gas
3 aging	31 energy	Ļ		pen records & open meetings
4 agriculture	32 environment	Ļ	<b></b> `	arks & wildlife
<ul> <li>5 alcoholic beverage regulation</li> <li>6 alcoholism &amp; drug abuse</li> </ul>	33 ethics	Ļ		olitical subdivisions
	34 family issues 35 fees & other no	n tax rayanya	62 pr	
7 aliens 8 amusements, games, sports	35 fields & other no		<b>_</b> `	oduct liability operty interests
9 animals	37 fire fighters & p	L	<b>_</b> `	iblic lands
10 arts & humanities	<b>38</b> gambling		=	irchasing
x     11 business & commerce	39 handicapped pe	ersons		districting
12 cemeteries	X 40 health & health		68 re	
<b>13</b> charitable & nonprofit organizations	41 highways & roa	Ļ	=	tirement systems
<b>14</b> city government	42 historic preserv	L	<b>70</b> sa	
<b>15</b> civil remedies & liabilities	43 hospitals	Ī	<b>71</b> sp	ecial districts & authorities
<b>16</b> coastal affairs & beaches	44 housing	Ī	<b>_</b>	ate agencies, boards & commissions
<b>17</b> common carriers	X 45 human services	;	<b>73</b> sta	ate employees, officers & symbols
<b>18</b> communication & press	46 insurance	Γ	<b>74</b> sta	ate finances
X 19 consumer protection	47 labor	Ī	X 75 ta:	xation
<b>20</b> corporations & associations	48 law enforcemer	nt 🛛	<b>76</b> to	rt reform
21 corrections	49 lawyers	Ī	<b>77</b> to	urism
22 county government	<b>50</b> libraries	Ī	<b>78</b> tra	ansportation
23 courts	51 malpractice-hea	alth care providers	<b>79</b> ut	ilities
24 crime	52 mental health &	cognition	<b>80</b> ve	hicles & traffic
<b>25</b> criminal procedures	53 military & vetera	ans	<b>81</b> wa	
<b>26</b> day care	54 mines & minera	l resources	=	eapons
<b>27</b> disaster preparedness & relief	55 minors	[	<b>83</b> wo	omen's issues
<b>28</b> economic & industrial development	<b>56</b> nursing homes			
84 OTHER				
13 DOCKET NOS. OR				
OTHER DESIGNATION				
DESIGNATION		AGENCY		
X not applicable				
additional pages				
DESIGNATION		AGENCY		
DESIGNATION		AGENCY		
	CO TO SC	HEDULE B		
	601030			

# FORM AREG

Use the Form AREG Instruction	Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 58/81
2 REGISTRANT NAME	hlueter, Stan (Mr.)	
3 EMPLOYER / CLIENT	n Antonio Water Systems	
	DRESS / P.O. BOX; APT / SUITE #; CITY; 00 US Hwy 281	STATE; ZIP CODE
Sar	n Antonio, TX 78212	
PART 2 - COMPENSA	ATION	
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 FOR ENTITY	YES NAME OF ENTITY	
	ADDRESS OF ENTITY	
PART 3 - ORGANIZAT	TIONAL INFORMATION	
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?		Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	X YES NO (Complete	PART 3(a) of SCHEDULE A)
<b>3</b> 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	
Forms provided by Texas Ethics C	Commission www.ethics.state.tx.us	Version V3.5.1.fc88a75c

SHAREHOLDERS     N/A       2 CORPORATE OFFICERS AND BOARD MEMBERS     LAST; SUFFIX; FIRST; TITLE Belmares, Ed     TITLE       ADDRESS / P.O. BOX; 2800 US Hwy 281     APT / SUITE #; CITY; STATE; ZIP CODE       San Antonio, TX 78212     LAST; SUFFIX; FIRST; TITLE Hardberger, Amy     TITLE       ADDRESS / P.O. BOX; 2800 US Hwy 281     APT / SUITE #; CITY; STATE; ZIP CODE       San Antonio, TX 78212     LAST; SUFFIX; FIRST; TITLE       LAST; SUFFIX; P.O. BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2800 US Hwy 281       San Antonio, TX 78212       LAST; SUFFIX; FIRST; TITLE       LAST; SUFFIX; FIRST; TITLE       Jamison, Jelynne       ADDRESS / P.O. BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2800 US Hwy 281       San Antonio, TX 78212       LAST; SUFFIX; FIRST; TITLE       LAST; SUFFIX; FIRST; TITLE       Jamison, Jelynne       ADDRESS / P.O. BOX; APT / SUITE #; CITY; STATE; ZIP CODE       2800 US Hwy 281       San Antonio, TX 78212	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.					9/81
1       CORPORATE SHAREHOLDERS       NUMBER OF SHAREHOLDERS NA         2       COPPORATE OFFICERS MEMBERS       LAST;       SUFFIX;       FIRST;       TITLE         2       COPPORATE OFFICERS MEMBERS       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       San Antonio, TX 78212       San Antonio, TX 78212         3       CORPORATE OWNERSHIP MEMBERS       LAST;       SUFFIX;       FIRST;       TITLE         3       CORPORATE OWNERSHIP       LAST;       SUFFIX;       FIRST;       TITLE         3       CORPORATE OWNERSHIP       LAST;       SUFFIX;       FIRST;       TITLE	REGISTRANT NAME		EMPLOYER	CLIENT NAME		
SHAREHOLDERS     N/A       2 CORPORATE OFFICES AND BOARD MEMBERS     LAST; SUFFIX; FIRST; TITLE       MEMBERS     LAST; SUFFIX; FIRST; TITLE       Image: Strate in the stra	Schlueter, Stan (Mr.)		San Antoni	o Water Systems		
OPFICERS MEMBERS       Belmares, Ed         ADD RESS / P.O. BOX, 2800 US Hwy 281       APT / SUITE #; CITY:       STATE:       ZIP CODE         San Antonio, TX 78212       Image: State	1 CORPORATE SHAREHOLDERS					
Antonio, TX 78212       San Antonio, TX 78212         Image: Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         Hardberger, Amy       ADDRESS / P.O. 60X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE       Jamison, Jelynne         LAST;       SUFFIX;       FIRST;       TITLE       Jamison, Jelynne       ADDRESS / P.O. 80X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         ADDRESS / P.O. 80X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         Jamison, Jelynne       ADDRESS / P.O. 80X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         ADDRESS / P.O. 80X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         LAST;       SUFFIX;       FIRST;       TITLE       McGee, David       ADDRESS / P.O. 80X;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         3       CORPORATE OWNERSHIP/ HOLDINGS       LAST;       SUFFIX;       FIRST;       TITLE       LAST;       SUFFIX;       FIRST;       TITLE         Image: SINARES       LAST;       SUFFIX;       FIRST;       TITLE       LAST;       SUFFIX;<	AND BOARD		FIRST;	TITLE		
Additional pages       LAST;       SUFFIX;       FIRST;       TITLE         Hardberger, Amy       ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212	MEMBERS		APT / SUITE #;	CITY;	STATE;	ZIP CODE
X       additional pages       Hardberger, Amy         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       ILAST;       SUFFIX;       FIRST;       TITLE         Jamison, Jelynne       ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       ILAST;       SUFFIX;       FIRST;       TITLE         LAST;       SUFFIX;       FIRST;       TITLE       ZIP CODE       2800 US Hwy 281       San Antonio, TX 78212         3       CORPORATE OWNERSHIP/ HOLDINGS       LAST;       SUFFIX;       FIRST;       TITLE       ILAST;       SUFFIX;       FIRST;       TITLE         XIARES       LAST;       SUFFIX;       FIRST;       TITLE       LAST;       SUFFIX;       FIRST;       TITLE		San Antonio, TX 78212				
2800 US Hwy 281         San Antonio, TX 78212         LAST;       SUFFIX;       FIRST;       TITLE         Jamison, Jelynne         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       LAST;       SUFFIX;       FIRST;       TITLE         McGee, David       ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       San Antonio, TX 78212       San Antonio, TX 78212         3       CORPORATE OWNRESHIP/ HOLDINGS       LAST;       SUFFIX;       FIRST;       TITLE         PERSONS OWNING 10% OR MORE SHARES       LAST;       SUFFIX;       FIRST;       TITLE         Image: Shares       LAST;       SUFFIX;       FIRST;       TITLE         Image: Shares       LAST;       SUFFIX;       FIRST;       TITLE	X additional pages		FIRST;	TITLE		
Image: Superior of applicable       LAST;       SUFFIX;       FIRST;       TITLE         Jamison, Jelynne       ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212			APT / SUITE #;	CITY;	STATE;	ZIP CODE
Jamison, Jelynne         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       Image: Composition of the second seco		San Antonio, TX 78212				
2800 US Hwy 281         San Antonio, TX 78212         LAST;       SUFFIX;         McGee, David         ADDRESS / P.O. BOX;       APT / SUITE #;         CITY;       STATE;         2800 US Hwy 281         San Antonio, TX 78212         San Antonio, TX 78212         Image: San Antonio, TX 78212         San Antonio, TX 78212         Image: San Antonio, TX 78212         Image: Superior Superi			FIRST;	TITLE		
Image: LAST;       SUFFIX;       FIRST;       TITLE         McGee, David       ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       ITTLE       ItTLE         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			APT / SUITE #;	CITY;	STATE;	ZIP CODE
McGee, David         ADDRESS / P.O. BOX;       APT / SUITE #;       CITY;       STATE;       ZIP CODE         2800 US Hwy 281       San Antonio, TX 78212       San Antonio, TX 78212       San Antonio, TX 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		San Antonio, TX 78212				
2800 US Hwy 281         San Antonio, TX 78212         3 CORPORATE OWNERSHIP/ HOLDINGS       LAST;       SUFFIX;       FIRST;       TITLE         PERSONS OWNING 10% OR MORE SHARES       LAST;       SUFFIX;       FIRST;       TITLE         Image: Angle Shares       LAST;       SUFFIX;       FIRST;       TITLE         Image: Angle Shares       LAST;       SUFFIX;       FIRST;       TITLE         Image: Angle Shares       LAST;       SUFFIX;       FIRST;       TITLE			FIRST;	TITLE		
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			APT / SUITE #;	CITY;	STATE;	ZIP CODE
OWNERSHIP/ HOLDINGS       LAST;       SUFFIX;       FIRST;       TITLE         PERSONS OWNING 10% OR MORE SHARES       LAST;       SUFFIX;       FIRST;       TITLE         Image: Imag		San Antonio, TX 78212				
PERSONS OWNING 10% OR MORE SHARES LAST; SUFFIX; FIRST; TITLE X not applicable LAST; SUFFIX; FIRST; TITLE		LAST; SUFFIX;	FIRST;	TITLE		
LAST;     SUFFIX;     FIRST;     TITLE       X     not applicable	10% OR MORE			TITLE		
LAST; SUFFIX; FIRST; TITLE		LAST; SUFFIX;	FIRST;	TITLE		
additional pages	X not applicable					
GO TO SCHEDULE A, PART 4	additional pages					

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: 2/2 Rpt: 60/81	
REGISTRANT NAME			EMPLOYE	R/CLIENT NAME		
Schlueter, Stan (Mr.)			San Antor	nio Water Systems		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLD <b>N/A</b>	ERS				
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFI Nirenberg, Ron		FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX; 2800 US Hwy 281	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	San Antonio, TX 78212					
additional pages	LAST; SUFFI Parra, Eduardo	IX;	FIRST;	TITLE		
	ADDRESS / P.O. BOX; 2800 US Hwy 281	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	San Antonio, TX 78212					
-	LAST; SUFFI Reyna, Marilu	IX;	FIRST;	TITLE		
-	ADDRESS / P.O. BOX; 2800 US Hwy 281	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	San Antonio, TX 78212					
-	LAST; SUFFI	IX;	FIRST;	TITLE		
	ADDRESS / P.O. BOX;	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; SUFFI	IX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE	LAST; SUFFI	IX;	FIRST;	TITLE		
SHARES -	LAST; SUFFI	IX;	FIRST;	TITLE		
X not applicable	LAST; SUFFI	IX;	FIRST;	TITLE		
		GO TO SCHEDU		4		

Forms provided by Texas Ethics Commission

Use the FORM AREG INSTRUCTION GUIDE fo	r assistance in filling out	this form		Page # Sch: 1/1 Rpt: 61/81
REGISTRANT NAME		EMPLOYER/CLIENT NA	ME	
Schlueter, Stan (Mr.)		San Antonio Water Sy	/stems	
1 SUBJECT MATTER				
	SUBJECT MATTE	ER CATEGORIES		
<b>1</b> abortion	29 education	]	<b>57</b> oc	cupational regulation
<b>2</b> aeronautics	<b>30</b> elections	Ī	<b>58</b> oil	& gas
<b>3</b> aging	31 energy	[	<b>59</b> op	en records & open meetings
4 agriculture	X 32 environment	[	<b>60</b> pa	arks & wildlife
<b>5</b> alcoholic beverage regulation	33 ethics	[	<b>61</b> pc	olitical subdivisions
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues	[	<b>62</b> pr	obate
<b>7</b> aliens	X 35 fees & other not	<u> </u>	_	oduct liability
<b>8</b> amusements, games, sports	<b>36</b> financial institut	L	`	operty interests
9 animals	37 fire fighters & po	olice		ıblic lands
<b>10</b> arts & humanities	38 gambling			ırchasing
X 11 business & commerce	<b>39</b> handicapped pe	<u>+</u>	=	districting
12 cemeteries	40 health & health	Ļ	68 re	-
<b>13</b> charitable & nonprofit organizations	41 highways & roa	<u>+</u>	=	tirement systems
14 city government	42 historic preserve	Ļ	<b>70</b> sa	•
15 civil remedies & liabilities	43 hospitals	ļ	_	ecial districts & authorities
16 coastal affairs & beaches	44 housing			ate agencies, boards & commissions
17 common carriers	45 human services			ate employees, officers & symbols
18 communication & press	46 insurance	l	=	ate finances
19 consumer protection	47 labor 48 law enforcemer			xation
20 corporations & associations		11		rt reform
21 corrections	49 lawyers	l	77 to	
22 county government 23 courts	50 libraries	lth caro providors	=	ansportation
<b>24</b> crime	51 malpractice-hea	· _	<u> </u>	hicles & traffic
	52 mental health &		=	
25 criminal procedures 26 day care	53 mintary & vetera	5	X 81 Wa	eapons
27 disaster preparedness & relief	55 minors			omen's issues
X     28 economic & industrial development	56 nursing homes	L		
13 DOCKET NOS. OR OTHER				
DESIGNATION DESIGNATION		AGENCY		
X not applicable		AGENUY		
additional pages		AGENCY		
DESIGNATION		AGENCY		
ll	GO TO SC	HEDULE B		
	001000			

# FORM AREG

Use the Form AREG Instruc	ction Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 62/81
2 REGISTRANT NAME	Schluster, Step (Mr.)	
	Schlueter, Stan (Mr.)	
3 EMPLOYER / CLIENT NAME	Stericycle Inc.	
4 EMPLOYER / CLIENT	ADDRESS / P.O. BOX; APT / SUITE #; CITY;	STATE; ZIP CODE
MAILING ADDRESS	2355 Waukegan Rd	
	Bannockburn, IL 60015	
PART 2 - COMPEN	ISATION	
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		
FOR ENTITY	ADDRESS OF ENTITY	
PART 3 - ORGANI	ZATIONAL INFORMATION	
1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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	
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

Use the FORM AREG INSTRUCTION GUIDE	for assistance in filling ou	t this form		Page # Sch: 1/1 Rpt: 63/81
REGISTRANT NAME		EMPLOYER/CLIENT NA	ME	
Schlueter, Stan (Mr.)		Stericycle Inc.		
1 SUBJECT MATTER				
	SUBJECT MATT	ER CATEGORIES		
<b>1</b> abortion	29 education	[	<b>57</b> oc	cupational regulation
<b>2</b> aeronautics	<b>30</b> elections	İ	<b>58</b> oil	& gas
<b>3</b> aging	31 energy	Ī	<b>59</b> op	en records & open meetings
<b>4</b> agriculture	X 32 environment		<b>60</b> pa	arks & wildlife
<b>5</b> alcoholic beverage regulation	33 ethics		<b>61</b> pc	olitical subdivisions
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues	[	<b>62</b> pr	obate
<b>7</b> aliens	35 fees & other no	n-tax revenue		oduct liability
<b>8</b> amusements, games, sports	<b>36</b> financial institut	ions	<b>64</b> pr	operty interests
<b>9</b> animals	37 fire fighters & p	olice	<b>65</b> pt	Iblic lands
<b>10</b> arts & humanities	<b>38</b> gambling			ırchasing
X 11 business & commerce	<b>39</b> handicapped pe	ersons		districting
12 cemeteries	40 health & health	1	68 re	
<b>13</b> charitable & nonprofit organizations	41 highways & roa	+	<b>69</b> re	tirement systems
14 city government	42 historic preserv	ation & museums	70 sa	•
<b>15</b> civil remedies & liabilities	43 hospitals			pecial districts & authorities
16 coastal affairs & beaches	44 housing			ate agencies, boards & commissions
17 common carriers	45 human services	6		ate employees, officers & symbols
18 communication & press	46 insurance			ate finances
19 consumer protection	47 labor			xation
20 corporations & associations	48 law enforcemer	nt		rt reform
21 corrections	49 lawyers	l	77 to	
22 county government	50 libraries	alte anno muorridano		ansportation
23 courts	51 malpractice-hea	·	79 uti	
24 crime	52 mental health &	-		hicles & traffic
25 criminal procedures 26 day care	53 military & vetera			
27 disaster preparedness & relief	55 minors			eapons omen's issues
27 disaster preparedness & relief 28 economic & industrial development	56 nursing homes	l		כשוכט כ וושוויט
84 OTHER				
13 DOCKET NOS. OR				
OTHER				
DESIGNATION DESIGNATION		AGENCY		
X not applicable				
additional pages				
DESIGNATION		AGENCY		
DESIGNATION		AGENCY		
	GO TO SO	HEDULE B		
	001000			

# FORM AREG

	Use the Form AREG Instruc	tion Guide for assistance in filling out Schedule A Part 1.	1 PAGE # Sch: 1/1 Rpt: 64/81
2	REGISTRANT NAME		
		Schlueter, Stan (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	
2	TYPE OF COMPENSATION BEING REPORTED	PAID EARNED X (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	
F	PART 3 - ORGANIZ		
þ			
	IS THE EMPLOYER/CLIENT AN ENTITY OR AN 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	
E	rms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750

Complete PART 3(b) or	PAGE #					
	oublicly traded. Attach additional c			Sch: 1/4 Rpt: 6	5/81	
REGISTRANT NAME	EMPLOYER/CLIENT NAME					
Schlueter, Stan (Mr.)		Texas Asso	ociation of Staffing			
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREHOLDERS <b>N/A</b>					
2 CORPORATE OFFICERS AND BOARD	LAST; SUFFIX; Abandonato, Marcel	FIRST;	TITLE			
MEMBERS	ADDRESS / P.O. BOX; P. O. Box 7291	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Tyler, TX 75711					
X additional pages	LAST; SUFFIX; Anderson, David	FIRST;	TITLE			
	ADDRESS / P.O. BOX; P. O. Box 7291	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Tyler, TX 75711					
	LAST; SUFFIX; Bowmer, James	FIRST;	TITLE			
	ADDRESS / P.O. BOX; P. O. Box 7291	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Tyler, TX 75711					
-	LAST; SUFFIX; Bratton, Pam	FIRST;	TITLE			
	ADDRESS / P.O. BOX; P. O. Box 7291	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			
	LAST; SUFFIX;	FIRST;	TITLE			
X not applicable		FIDAT				
additional pages	LAST; SUFFIX;	FIRST;	TITLE			
	GO T	O SCHEDULE A, PART 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: 2/4 Rpt: 66/81	
REGISTRANT NAME				EMPLOYE	R/CLIENT NAME		
Schlueter, Stan (Mr.)				Texas Ass	sociation of Staffing		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAR <b>N/A</b>	EHOLDERS	·				
2 CORPORATE OFFICERS AND BOARD	LAST; Burnett, Rick	SUFFIX;		FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BO P. O. Box 7291	DX;	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711						
X additional pages	LAST; Cantu, Chanel	SUFFIX;		FIRST;	TITLE		
	ADDRESS / P.O. BO P. O. Box 7291	DX;	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711						
·	LAST; DeBellas, Jamie	SUFFIX;		FIRST;	TITLE		
	ADDRESS / P.O. BO P. O. Box 7291	DX;	APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711						
·	LAST; Finstad, Josh	SUFFIX;		FIRST;	TITLE		
	ADDRESS / P.O. BO P. O. Box 7291	DX;	APT / S	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		
	LAST;	SUFFIX;		FIRST;	TITLE		
X not applicable							
additional pages	LAST;	SUFFIX;		FIRST;	TITLE		
•		GO TO	SCHEDU	JLE A, PART	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.					7/81
REGISTRANT NAME			EMPLOYER/CL	IENT NAME		
Schlueter, Stan (Mr.)			Texas Associa	ation of Staffing		
1 CORPORATE SHAREHOLDERS	NUMBER OF SHAREF <b>N/A</b>	IOLDERS	·			
2 CORPORATE OFFICERS AND BOARD	LAST; S Howard, Dan	UFFIX;	FIRST;	TITLE		
MEMBERS	ADDRESS / P.O. BOX P. O. Box 7291	APT .	/ SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711					
X additional pages	LAST; S Howard, David	UFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. BOX P. O. Box 7291	APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711					
	LAST; S Hudson, Kelly	UFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. BOX P. O. Box 7291	APT .	/ SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711					
	LAST; S Kittrell-Kinkaid, Mary	UFFIX;	FIRST;	TITLE		
	ADDRESS / P.O. BOX P. O. Box 7291	APT /	/ SUITE #;	CITY;	STATE;	ZIP CODE
	Tyler, TX 75711					
3 CORPORATE OWNERSHIP/ HOLDINGS	LAST; S	UFFIX;	FIRST;	TITLE		
PERSONS OWNING 10% OR MORE SHARES		UFFIX;	FIRST;	TITLE		
	LAST; S	UFFIX;	FIRST;	TITLE		
X not applicable						
additional pages	LAST; S	UFFIX;	FIRST;	TITLE		
		GO TO SCHEI	DULE A, PART 4			

Complete PA whose share	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: 4/4 Rpt: 68/81		
REGISTRAN	T NAME			E	EMPLOYER	R/CLIENT NAME		
Schlueter, S	Stan (Mr.)			٦	Texas Ass	ociation of Staffing		
1 CORPORATI SHAREHOLI		NUMBER OF SHA <b>N/A</b>	REHOLDERS					
2 CORPORATI OFFICERS AND BOARD		LAST; Landry, Tom	SUFFIX;	FI	RST;	TITLE		
MEMBERS		ADDRESS / P.O. E P. O. Box 7291	30X;	APT / SUIT	Έ <i>#</i> ;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711						
addition	nal pages	LAST; Perdue, Chastity	SUFFIX;	FI	RST;	TITLE		
		ADDRESS / P.O. E P. O. Box 7291	30X;	APT / SUIT	Έ#;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711						
	-	LAST; Turpin, Mark	SUFFIX;	FI	RST;	TITLE		
	-	ADDRESS / P.O. E P. O. Box 7291	3OX;	APT / SUIT	Έ#;	CITY;	STATE;	ZIP CODE
		Tyler, TX 75711						
	Ī	LAST;	SUFFIX;	FI	RST;	TITLE		
		ADDRESS / P.O. E	3OX;	APT / SUIT	E #;	CITY;	STATE;	ZIP CODE
3 CORPORATI OWNERSHIF HOLDINGS		LAST;	SUFFIX;	FI	RST;	TITLE		
PERSONS OW 10% OR MORE SHARES		LAST;	SUFFIX;	FI	RST;	TITLE		
X not app	licable	LAST;	SUFFIX;	FI	RST;	TITLE		
	nal pages	LAST;	SUFFIX;	FI	RST;	TITLE		
			GO T	O SCHEDULE	A, PART 4	l		

Use the FORM AREG INSTRUCTION GUIDE for	assistance in filling out	this form		Page # Sch: 1/1 Rpt: 69/81		
REGISTRANT NAME		EMPLOYER/CLIENT NA	ME			
Schlueter, Stan (Mr.)		Texas Association of S	Staffing			
1 SUBJECT MATTER						
	SUBJECT MATTE	ER CATEGORIES				
<b>1</b> abortion	29 education	Γ	<b>57</b> oc	cupational regulation		
<b>2</b> aeronautics	30 elections	Ē	<b>58</b> oil	& gas		
<b>3</b> aging	31 energy	Ī	<b>59</b> op	en records & open meetings		
4 agriculture	32 environment	Ī	<b>60</b> pa	rks & wildlife		
<b>5</b> alcoholic beverage regulation	33 ethics	Ī	<b>61</b> po	litical subdivisions		
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues	Ē	<b>62</b> pr	obate		
<b>7</b> aliens	35 fees & other nor	n-tax revenue	<b>63</b> pr	oduct liability		
<b>8</b> amusements, games, sports	<b>36</b> financial institut	ions	<b>64</b> pr	operty interests		
9 animals	37 fire fighters & po	blice	<b>65</b> pu	iblic lands		
<b>10</b> arts & humanities	<b>38</b> gambling		<b>66</b> pu	ırchasing		
X 11 business & commerce	<b>39</b> handicapped pe	ersons	67 re	districting		
12 cemeteries	40 health & health	care	68 re	ligion		
<b>13</b> charitable & nonprofit organizations	41 highways & roa		=	69 retirement systems		
14 city government	42 historic preserva	ation & museums	<b> 70</b> sa	•		
15 civil remedies & liabilities	43 hospitals	Ļ		ecial districts & authorities		
16 coastal affairs & beaches	44 housing			ate agencies, boards & commissions		
17 common carriers	45 human services	L L		ate employees, officers & symbols		
18 communication & press	46 insurance	Ļ	=	ate finances		
19 consumer protection	47 labor	. L	=	xation rt reform		
X     20 corporations & associations       21 corrections	48 law enforcement		76 tor			
	49 lawyers 50 libraries	Ļ	=			
22 county government 23 courts	51 malpractice-hea	ulth care providers	<b>79</b> uti	ansportation		
<b>24</b> crime	52 mental health &	· _		hicles & traffic		
25 criminal procedures	53 military & vetera		<b>30</b> ve <b>81</b> wa			
26 day care	54 mines & minera			eapons		
27 disaster preparedness & relief	55 minors	L L L		omen's issues		
X         28 economic & industrial development	56 nursing homes	L				
84 OTHER						
13 DOCKET NOS. OR						
OTHER DESIGNATION						
DESIGNATION		AGENCY				
X not applicable						
additional pages						
DESIGNATION		AGENCY				
DESIGNATION		AGENCY				
	GO TO SC	HEDULE B				

# FORM AREG

-	A Part 1.	Sch: 1/1 Rpt: 70/81						
Stan (Mr.)								
echic Association								
4	#;	CITY; STATE; ZIP CODE						
PART 2 - COMPENSATION								
518,890								
		X PROSPECTIVE						
NAME OF ENTITY								
ADDRESS OF ENTITY								
PHONE NO. OF ENTITY								
L INFORMATION								
ΓY		INDIVIDUAL (Complete PART 4 of SCHEDULE A)						
	Х	NO (Complete PART 3(a) of SCHEDULE A)						
Complete PART 4 of SCHEDULE A)		NO (Complete PART 3(b) of SCHEDULE A)						
Complete PART 5 of SCHEDULE A)	X	NO						
on www.othics.stote.tr	10	Version V3.5.1.fc88a750						
	S4 < 78602  \$18,890  Complete PART 4 of SCHEDULE A) <p>(Complete PART 5 of SCHEDULE A)</p>	APT / SUITE #; A Y 78602    STREE S						

	RT 3(a) only if the employer/client covered by this SCHEDULE A porated entity. Attach additional copies of this form as needed.				PAGE # Sch: 1/1 Rpt: 71/81		
REGISTRANT NAME	-	-		CLIENT NAME			
Schlueter, Stan (Mr.	)			techic Association	n		
1 ENTITY	NUMBER OF	MEMBERS					
MEMBERSHIP	0						
2 NAME(S) OF	LAST;	SUFFIX;	FIRST;	TITLE			
PERSON(S) WHO DETERMINE LOBBY	Davis, Ches	ter					
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 D	ECISION-MAKING RF	LATING TO LOBBY	/ING		
POLICY-MAKING		d discussions decisions					
METHODS							
additional pages							
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			
		301°FIA,	1 11/01,	IIILE			
additional pages				TITI F			
	LAST;	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
	GO TO SCHEDULE A, PART 4						

Use the FORM AREG INSTRUCTION GUIDE fo	r assistance in filling out	this form		Page # Sch: 1/1 Rpt: 72/81	
REGISTRANT NAME		EMPLOYER/CLIENT NA			
Schlueter, Stan (Mr.)		Texas Pyrotechic Asso	ociation		
1 SUBJECT MATTER					
1 abortion	29 education	Ļ	=	ccupational regulation	
2 aeronautics	30 elections	Ļ		& gas	
3 aging	31 energy 32 environment	F		pen records & open meetings arks & wildlife	
4 agriculture 5 alcoholic beverage regulation	33 ethics	L	`	litical subdivisions	
	34 family issues	F	<b>62</b> pr		
6 alcoholism & drug abuse 7 aliens	34 family issues 35 fees & other no	n-tax revenue	= `	oduct liability	
X     8     amusements, games, sports	36 financial institut			operty interests	
9 animals	X   37 fire fighters & pr		<b>_</b> `	Iblic lands	
10 arts & humanities	38 gambling	L L		irchasing	
X     11 business & commerce	39 handicapped pe	ersons	<u> </u>	districting	
12 cemeteries	40 health & health		68 rel	5	
<b>13</b> charitable & nonprofit organizations	X 41 highways & roa	Ļ	=	tirement systems	
X     14 city government	42 historic preserv				
X 15 civil remedies & liabilities	<b>43</b> hospitals	$\overline{\mathbf{X}}$ <b>71</b> special districts & authorities			
<b>16</b> coastal affairs & beaches	44 housing			ate agencies, boards & commissions	
X 17 common carriers	45 human services	;                 Г		ate employees, officers & symbols	
<b>18</b> communication & press	46 insurance	Ē		ate finances	
X 19 consumer protection	X 47 labor	Ē	<b>75</b> ta:	xation	
<b>20</b> corporations & associations	48 law enforcemer	nt 🗌	<b>76</b> to	rt reform	
<b>21</b> corrections	49 lawyers	Ē	<b>77</b> to	urism	
X 22 county government	50 libraries		<b>78</b> tra	ansportation	
23 courts	51 malpractice-hea	alth care providers	<b>79</b> uti	lities	
24 crime	52 mental health &	cognition	<b>= 80</b> ve	hicles & traffic	
25 criminal procedures	53 military & vetera	ans	<b>81</b> wa	ater	
26 day care	54 mines & minera		<b>82</b> we	eapons	
27 disaster preparedness & relief	55 minors	Ī	<b>83</b> wo	omen's issues	
28 economic & industrial development	56 nursing homes	L	_		
X 84 OTHER Fireworks	_				
13 DOCKET NOS. OR					
OTHER DESIGNATION					
DESIGNATION		AGENCY			
X not applicable					
additional pages					
DESIGNATION		AGENCY			
DESIGNATION		AGENCY			
	00 TO 00				
	GOTOSC	HEDULE B			

	Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1. Sch: 1/1 Rpt: 73/81							
2	REGISTRANT NAME							
		Schlueter, Stan (Mr.)						
	EMPLOYER / CLIENT NAME	Trojan, Rick						
	EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX; APT / SUITE #; CITY; 15640 NE 4th Plain Blvd.	STATE; ZIP CODE					
		Suite 106-222						
		Vancouver, WA 98682						
	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					
	INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY						
		ADDRESS OF ENTITY						
	PART 3 - ORGANIZ	ZATIONAL INFORMATION						
	IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?		Complete PART 4 of SCHEDULE A)					
	IS THE EMPLOYER/CLIENT A CORPORATION?	YES NO (Complete	PART 3(a) of SCHEDULE A)					
Ē	ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	YES (Complete PART 4 of SCHEDULE A) NO (Complete	PART 3(b) of SCHEDULE A)					
	IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	YES (Complete PART 5 of SCHEDULE A) X NO						
For	ms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750					

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Sch: 1/1 Rpt: 74/81					
REGISTRANT NAME EMPLOYER/CLIENT NAME					
Schlueter, Stan (Mr.)		Trojan, Rick			
1 SUBJECT MATTER					
	_	ER CATEGORIES	—		
1       abortion         2       aeronautics         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         24       crime         25       criminal procedures         26       day care         27       disaster preparedness & relief         28       economic & industrial development         84       OTHER	29 education         30 elections         31 energy         32 environment         33 ethics         34 family issues         35 fees & other no         36 financial institut         37 fire fighters & p         38 gambling         39 handicapped p         40 health & health         41 highways & roa         42 historic preserv         43 hospitals         44 housing         45 human services         46 insurance         47 labor         48 law enforcement         49 lawyers         50 libraries         51 malpractice-heat         52 mental health &         53 military & veter         54 mines & minera         55 minors         56 nursing homes	ions olice ersons care ds ation & museums s nt alth care providers a cognition ans	58 oil         59 op         60 pai         61 pol         62 pro         63 pro         64 pro         65 pul         65 pul         67 rec         68 reli         69 ret         70 saf         71 spo         72 sta         73 sta         74 sta         75 tax         77 tou         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 tte agencies, boards & commissions tte employees, officers & symbols tte finances tation t reform misportation ities hicles & traffic ter	
additional pages DESIGNATION		AGENCY			
DESIGNATION		AGENCY			
GO TO SCHEDULE B					

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1. Sch: 1/1 Rpt: 75/81							
2 REGISTRANT NAME							
	Schlueter, Stan (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	ISATION						
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 REIMBURSMENT FOR ENTITY	YES NAME OF ENTITY						
	ADDRESS OF ENTITY						
PART 3 - ORGANI	ZATIONAL INFORMATION						
1 IS THE EMPLOYER/CLIENT							
AN ENTITY OR AN 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						
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Version V3.5.1.fc88a750					

Complete PART 3(a) of is an unincorporated of the second s	omplete PART 3(a) only if the employer/client covered by this SCHEDULE A an unincorporated entity. Attach additional copies of this form as needed.				
REGISTRANT NAME	-	•	CLIENT NAME	Sch: 1/4 Rpt: 76/81	
Schlueter, Stan (Mr.)				rices Automobile	Association
1 ENTITY	NUMBER OF	MEMBERS			
MEMBERSHIP	1	MEMBERG			
2 NAME(S) OF	LAST;	SUFFIX;	FIRST;	TITLE	
PERSON(S) WHO DETERMINE LOBBY	Andrade, Ju	an			
POLICY	LAST;	SUFFIX;	FIRST;	TITLE	
	Bulls, Herma	an (Colonel)			
<b>—</b>	LAST;	SUFFIX;	FIRST;	TITLE	
X additional pages	Collins, Eile	en M. (Colonel)			
	LAST;	SUFFIX;	FIRST;	TITLE	
	Darnell, Dav	vid			
	LAST;	SUFFIX;	FIRST;	TITLE	
	Davis, Rayn	nond			
3 DESCRIPTION OF	DESCRIBE M	ETHODS OF ENTITY DI	ECISION-MAKING RE	LATING TO LOBB	/ING
POLICY-MAKING METHODS	Policy made by v	ote of Board of Directors.			
METHODO					
additional pages					
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	, i				
	LAST;	SUFFIX;	FIRST;	TITLE	
		3	- 1		
	LAST;	SUFFIX;	FIRST;	TITLE	
		3	- 1		
	1	GO TO SO	HEDULE A, PART 4		

Complete PART 3(a) or is an unincorporated end	Complete PART 3(a) only if the employer/client covered by this SCHEDULE A is an unincorporated entity. Attach additional copies of this form as needed.					
REGISTRANT NAME	EMPLOYER/CLIENT NA				Sch: 2/4 Rpt: 77/81	
Schlueter, Stan (Mr.)				Association		
1 ENTITY MEMBERSHIP	NUMBER OF	MEMBERS	I			
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY		SUFFIX; cy L. (Maj. Gen.)	FIRST;	TITLE		
POLICY	LAST; Landry, Mar	SUFFIX; y E.	FIRST;	TITLE		
X additional pages	LAST; McDew, Da	SUFFIX; rren W. (General)	FIRST;	TITLE		
	LAST; McKibben, <sup>-</sup>	SUFFIX; Fracy B.	FIRST;	TITLE		
	LAST; Melcher, Da	SUFFIX; vid (Lt. Gen.)	FIRST;	TITLE		
<ul> <li>3 DESCRIPTION OF POLICY-MAKING METHODS</li> <li>additional pages</li> <li>4 CONTRIBUTORS</li> </ul>		SHEELY			/ING	
PERSON(S) CONTRIBUTING MORE THAN \$250 PER	LAST;	SUFFIX;	FIRST;	TITLE		
YEAR	LAST;	SUFFIX;	FIRST;	TITLE		
X not applicable	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
	LAST;	SUFFIX;	FIRST;	TITLE		
<b> </b>		GO TO SC	HEDULE A, PART 4			

Complete PART 3(a) or is an unincorporated e	nly if the employe ntity. Attach add		PAGE # Sch: 3/4 Rpt: 78/81		
REGISTRANT NAME	-	-		CLIENT NAME	
Schlueter, Stan (Mr.)					Association
1 ENTITY MEMBERSHIP	NUMBER OF	MEMBERS	<b>I</b>		
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Moran Jr., W	SUFFIX; illiam	FIRST;	TITLE	
POLICY	LAST; Murray, Gera	SUFFIX; ald R.	FIRST;	TITLE	
X additional pages	LAST; Peacock, Wa	SUFFIX; ayne	FIRST;	TITLE	
	LAST; Phillips, G. P	SUFFIX; atrick	FIRST;	TITLE	
	LAST; VanAntwerp,	SUFFIX; Robert (Lt. Gen.)	FIRST;	TITLE	
DESCRIPTION OF POLICY-MAKING METHODS     additional pages		ETHODS OF ENTITY D			YING
4 CONTRIBUTORS PERSON(S) CONTRIBUTING MORE THAN \$250 PER YEAR	LAST;	SUFFIX;	FIRST;	TITLE	
	LAST;	SUFFIX;	FIRST;	TITLE	
X not applicable	LAST;	SUFFIX;	FIRST;	TITLE	
	LAST;	SUFFIX;	FIRST;	TITLE	
	LAST;	SUFFIX;	FIRST;	TITLE	
GO TO SCHEDULE A, PART 4					

Complete PART 3(a) or is an unincorporated e	nly if the employer/	client covered by thi	s SCHEDULE A		PAGE # Sch: 4/4 Rpt: 79/81		
REGISTRANT NAME				CLIENT NAME	301. 4/4 Rpt. 79/01		
Schlueter, Stan (Mr.)				ices Automobile	Association		
1 ENTITY	NUMBER OF M		Office Servi				
MEMBERSHIP	1	LINDERS					
2 NAME(S) OF PERSON(S) WHO DETERMINE LOBBY	LAST; Young, John F	SUFFIX;	FIRST;	TITLE			
POLICY	LAST; Young, Dona	SUFFIX;	FIRST;	TITLE			
additional pages	LAST; Zortman, Jame	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
	LAST;	SUFFIX;	FIRST;	TITLE			
3 DESCRIPTION OF POLICY-MAKING METHODS	DESCRIBE ME	THODS OF ENTITY D	ECISION-MAKING REL	ATING TO LOBBY	/ING		
additional pages							
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			
			ı-ігсэт,				
	LAST;	SUFFIX;	FIRST;	TITLE			
		GO TO S	CHEDULE A, PART 4				

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form Page # Sch: 1/1 Rpt: 80/81					
REGISTRANT NAME		EMPLOYER/CLIENT NA	ME		
Schlueter, Stan (Mr.)		United Services Autom	obile As	sociation	
1 SUBJECT MATTER					
	SUBJECT MATTI	ER CATEGORIES			
<b>1</b> abortion	29 education	Γ	<b>57</b> oc	ccupational regulation	
<b>2</b> aeronautics	<b>30</b> elections		<b>58</b> oi	l & gas	
<b>3</b> aging	31 energy		<b>59</b> op	pen records & open meetings	
4 agriculture	32 environment		<b>60</b> pa	arks & wildlife	
<b>5</b> alcoholic beverage regulation	33 ethics		<b>61</b> pc	plitical subdivisions	
<b>6</b> alcoholism & drug abuse	<b>34</b> family issues		<b>62</b> pr	obate	
7 aliens	35 fees & other not			oduct liability	
<b>8</b> amusements, games, sports	X 36 financial institut			operty interests	
9 animals	37 fire fighters & po	blice	=	ublic lands	
<b>10</b> arts & humanities	38 gambling	Ļ		urchasing	
X 11 business & commerce	39 handicapped pe		=	districting	
12 cemeteries	X 40 health & health		<b>68</b> re		
<b>13</b> charitable & nonprofit organizations	41 highways & roa		=	tirement systems	
14 city government	42 historic preserve	ation & museums	<b>70</b> sa		
X <b>15</b> civil remedies & liabilities	43 hospitals	Ļ	=	pecial districts & authorities	
16 coastal affairs & beaches	44 housing			ate agencies, boards & commissions	
17 common carriers	45 human services			ate employees, officers & symbols	
18 communication & press	X 46 insurance	Ļ	=	ate finances	
19 consumer protection	47 labor		4	xation	
<b>20</b> corporations & associations	48 law enforcemer		<u> </u>	rt reform	
21 corrections	49 lawyers	Ļ	77 to		
22 county government	50 libraries		=	ansportation	
23 courts	51 malpractice-hea	· ·	<b>79</b> ut		
24 crime	52 mental health &		=	chicles & traffic	
25 criminal procedures	X 53 military & vetera		< 81 wa		
26 day care	54 mines & minera			eapons	
27 disaster preparedness & relief	55 minors	L	83 w	omen's issues	
28 economic & industrial development 84 OTHER	<b>56</b> nursing homes				
13 DOCKET NOS. OR OTHER					
DESIGNATION DESIGNATION		AGENCY			
X not applicable		AGENCI			
additional pages		AGENCY			
DESIGNATION		AGENCY			
GO TO SCHEDULE B					

# **TEXT ANNOTATION**

Sch: 1/1 Rpt: 81/81

FILER NAME	Filer ID (Ethics Commission Filers)
Schlueter, Stan (Mr.)	00010198
Schedule	

AMENDITEMS

, me.ton emo			
Record Type	Tracking Info	Record Detail	
SubjectMatter Info Report		Other(Fireworks, Consumer Drones)	
Lobby Client Info Report		DJI Technology, Inc.	
Report Info	Report	100865452	