

**CITY OF DETROIT
LOBBYIST REGISTRATION**
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

**OFFICE OF THE
DETROIT CITY CLERK**

2017 AUG 14 P 3:11

1. REGISTRANT'S NAME (Only one person may register with this form) <u>Harvey E. Amoe III</u>	2. REGISTRANT'S ID NUMBER <u>2017-17</u>
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>16809 Abby Cir. Northville, MI 48168</u>	4. TELEPHONE NUMBER(S) <u>(313) 333-0311</u>

5. TYPE OF LOBBYIST (Check all applicable boxes.)

Registered lobbyist under Federal Law

Registered lobbyist under Michigan Law

Registered lobbyist in other states (name state(s)):

A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials

A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official
(See definition of "lobbyist" on reverse)

6. NAME AND ADDRESS OF CLIENT(S)

Henry Ford Health System
1 Ford Place 4A/B
Detroit, MI 48202

7. VERIFICATION

I swear, or affirm, that

a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and

b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Harvey E. Amoe III
Type or print name of registrant

[Signature]
Signature

Subscribed and sworn to me this sworn to before me
this 31st day of July 2017

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: 03-25-2021

ESTHER M. MARTINEZ
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Mar 25, 2021
ACTING IN COUNTY OF Wayne

FOR OFFICIAL USE ONLY:

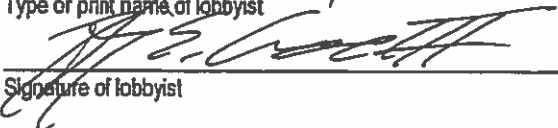
DATE OF ANNUAL REGISTRATION Month: _____ Day: _____ Year: _____	THIS REGISTRATION IS VALID: From: _____ Month: _____ Day: _____ Year: _____ To: _____ Month: _____ Day: _____ Year: _____	Amount of fee paid: _____ Date of payment: _____
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**CITY OF DETROIT
QUARTERLY REPORT**

OFFICE OF THE
DETROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2018 CLIENT 13 A II: 23

<p>1. LOBBYIST'S NAME Harvey Amoc III</p>	<p>2. LOBBYIST'S ID NUMBER 2017-17</p>										
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4A/B Detroit, MI 48202</p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) (313) 333-0311</p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>										
<p>5. DATE OF ANNUAL REGISTRATION 8 / 14 / 2017 Month Day Year <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small></p>	<p>6. PERIOD FOR THIS REPORT</p> <p><input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)</p>										
<p>7. NAME OF CLIENT Henry Ford Health System</p>											
<p>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</p> <p><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small></p> <p>1) zoning waiver/Easement for Henry Ford Cancer Institute sky walk 2) Behavioral Health Reforms</p> <p><input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.</p>											
<p>9. EXPENDITURES BY CATEGORY</p> <p>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</p> <p>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</p> <p>9c. ALL OTHER LOBBYING EXPENDITURES</p> <p>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">THIS REPORTING QUARTER</th> <th style="width:50%;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td>9a. \$ <u>0</u></td> <td>9a. \$ <u>0</u></td> </tr> <tr> <td>9b. \$ <u>0</u></td> <td>9b. \$ <u>0</u></td> </tr> <tr> <td>9c. \$ <u>24.04</u></td> <td>9c. \$ <u>24.04</u></td> </tr> <tr> <td>9d. \$ <u>0</u></td> <td>9d. \$ <u>0</u></td> </tr> </tbody> </table>	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER	9a. \$ <u>0</u>	9a. \$ <u>0</u>	9b. \$ <u>0</u>	9b. \$ <u>0</u>	9c. \$ <u>24.04</u>	9c. \$ <u>24.04</u>	9d. \$ <u>0</u>	9d. \$ <u>0</u>
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<p>10. VERIFICATION</p> <p>I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.</p> <p>Harvey Amoc, III Type or print name of lobbyist</p> <p> Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this 5th day of JULY 2018</p> <p>Veronica B. Manea Notary Public, Wayne County, Michigan My Commission Expires: _____</p> <p align="right">VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND MY COMMISSION EXPIRES Mar 20, 2021 ACTING IN COUNTY OF WAYNE</p>											
<p>FOR OFFICIAL USE ONLY</p> <p>Amount of fee paid: _____ Date of payment: 7/23/2018</p>											