

CITY OF DETROIT QUARTERLY REPORT

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

1. LOBBYIST'S NAME Demetris Knuckles-EI		2. LOBBYIST'S ID NUMBER 2023-7	
3. BUSINESS ADDRESS (All mail will be sent to this address) PO Box 6919 Detroit, MI 48206 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) () 3062988 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <div style="display: flex; justify-content: space-around; align-items: center;"> 06 01 2023 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT Michigan Liberation			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> </div>			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0	9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)		9d. \$ 0	9d. \$ 0
10. VERIFICATION 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. Demetris Knuckles-EI <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> Type or print name of lobbyist _____ Signature of lobbyist </div> <div style="width: 50%; text-align: center;"> Subscribed and sworn to me this _____ day of _____, 2023. _____ Notary Public, Wayne County, Michigan My Commission Expires: _____ </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> JASMINE A. BAKER NOTARY PUBLIC, STATE OF MICHIGAN COUNTY OF WAYNE My Commission Expires 10-14-2027 Acting in the County of <u>Oakland</u> </div>			
FOR OFFICIAL USE ONLY:			
Amount of fee paid <u>\$25.00</u>		Date of payment <u>9/1/23</u>	

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