## **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<br>Danielle El-Amin                                                                                                                                                                                 |                                                                                                                                          | 2. LOBBYIST<br>2022-2  | 'S ID NUMBER                              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------|--|--|
| BUSINESS ADDRESS (All mail will be sent to this address)                                                                                                                                                               |                                                                                                                                          | 4. TELEPHONE NUMBER(S) |                                           |  |  |
| 208 North Capitol Ave. 3rd Floor Lansing, MI 48933                                                                                                                                                                     |                                                                                                                                          | ( )371-                | 1400 ( )                                  |  |  |
| IF THIS ADDRESS HAS CHANGED, CHECK BOX                                                                                                                                                                                 |                                                                                                                                          | ☐ IF A NUMB            | ER HAS CHANGED, CHECK BOX                 |  |  |
| 5. DATE OF ANNUAL REGISTRATION                                                                                                                                                                                         | 6. PERIOD FOR THIS REPORT                                                                                                                |                        |                                           |  |  |
| 03 03 2022                                                                                                                                                                                                             | 1st Quarter (ending 3 months after annual registration)                                                                                  |                        |                                           |  |  |
| Month Day Year                                                                                                                                                                                                         | 2nd Quarter (ending 6 months after annual registration)                                                                                  |                        |                                           |  |  |
| (DATE ENTERED BY CITY CLERK'S OFFICE<br>ON REGISTRATION FORM)                                                                                                                                                          | 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) 4 <sup>th</sup> Quarter (ending 12 months after annual registration) |                        |                                           |  |  |
| 7. NAME OF CLIENT POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT                                                                                                                                               |                                                                                                                                          |                        |                                           |  |  |
| 8. DESCRIPTION OF LOBBYING ACTIVITY DURING ACTIVITY DURING OF LOBBYING ACTIVITY DURING  I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) |                                                                                                                                          |                        |                                           |  |  |
| THIS OLIARTER                                                                                                                                                                                                          | COMMUNIC                                                                                                                                 | SMOITA                 | WITH DUBLIC OFFI                          |  |  |
| VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI                                                                                                                                                                     |                                                                                                                                          |                        |                                           |  |  |
| I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.                                                                                                                                                             |                                                                                                                                          |                        |                                           |  |  |
| 9. EXPENDITURES BY CATEGORY                                                                                                                                                                                            | THIS REPORTING                                                                                                                           | 3 QUARTER              | REGISTRATION DATE THROUGH                 |  |  |
| 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS,<br>REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER<br>INFORMATIONAL MATERIALS                                                                              | 9a. \$ 0                                                                                                                                 | -                      | end of this quarter                       |  |  |
| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING                                                                                                                                                                             | 9b. \$ 0                                                                                                                                 |                        | 9b. \$0                                   |  |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES                                                                                                                                                                                    | 9c. \$ O                                                                                                                                 |                        | 9c. \$ <u></u> 0                          |  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)                                                                                                                                                                | <sub>9d. \$</sub> O                                                                                                                      |                        | 9d. \$O                                   |  |  |
|                                                                                                                                                                                                                        | 34. 9                                                                                                                                    |                        |                                           |  |  |
| 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.                                                            |                                                                                                                                          |                        |                                           |  |  |
| Danielle El-Amin                                                                                                                                                                                                       |                                                                                                                                          |                        |                                           |  |  |
| Type or print name of lobbyist                                                                                                                                                                                         |                                                                                                                                          | NATAS                  | HA L. KIMMERLY                            |  |  |
| TO CONTRACT !                                                                                                                                                                                                          | NO.                                                                                                                                      | <b>OTARY PUBL</b>      | C - STATE OF MICHIGAN                     |  |  |
| Signature of lobbyist                                                                                                                                                                                                  | N                                                                                                                                        | v Commission           | TY OF INGHAM<br>n Expires Panyary 1, 2027 |  |  |
| Subscribed and sworn to me this sworn to before me                                                                                                                                                                     |                                                                                                                                          |                        |                                           |  |  |
| this The day of January 2003                                                                                                                                                                                           |                                                                                                                                          |                        |                                           |  |  |
| LOUISMUL, VIMMUNX                                                                                                                                                                                                      |                                                                                                                                          |                        |                                           |  |  |
| Notary Public, Wayne County, Michigan  My Commission Express  0   - 0   - 70 - 77                                                                                                                                      |                                                                                                                                          |                        |                                           |  |  |
| My Commission Expires.                                                                                                                                                                                                 |                                                                                                                                          |                        |                                           |  |  |
| FOR OFFICIAL USE ONLY:  Amount of fee paid: \$25.00  Date of payment: 1/24/23                                                                                                                                          |                                                                                                                                          |                        |                                           |  |  |

## **CITY OF DETROIT** QUARTERLY REPORT

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

| Danielle EI-Amin  3. BUSINESS ADDRESS (All mail will be sent to this address)  208 North Capitol Ave. 3rd Floor Lansing, MI 48933    IF THIS ADDRESS HAS CHANGED, CHECK BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 208 North Capitol Ave. 3rd Floor Lansing, MI 48933    371-1400 {                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| 208 NORTH Capitol Ave. 3rd Floor Lansing, MI 48933    If THIS ADDRESS HAS CHANGED, CHECK BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| 5. DATE OF ANNUAL REGISTRATION  O3 03 2022  Month Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  7. NAME OF CLIENT POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT  8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)  VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI  1 DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.  9. EXPENDITURES BY CATEGORY 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS.  9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.  9c. ALL OTHER LOBBYING EXPENDITURES  9d. \$0  9d. |  |  |  |  |  |
| 1st Quarter (ending 3 months after annual registration)   2mt Quarter (ending 6 months after annual registration)   2mt Quarter (ending 9 months after annual registration)   3mt Quarter (ending 9 months after annual registration)   3mt Quarter (ending 9 months after annual registration)   3mt Quarter (ending 9 months after annual registration)   4mt Quarter (ending 9 months after annual registration)   7mt Quarter (ending 19 months after annual registration)   7mt                                                                                                                                                                               |  |  |  |  |  |
| 1st Quarter (ending 3 months after annual registration)   2nd Quarter (ending 6 months after annual registration)   2nd Quarter (ending 6 months after annual registration)   3nd Quarter (ending 9 months after annual registration)   3nd Quarter (ending 10 months after annual registration)   3nd Q                                                                                                                                                                             |  |  |  |  |  |
| (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  7. NAME OF CLIENT POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT  8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, atlach additional sheets.)  VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI  1 DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.  9. EXPENDITURES BY CATEGORY  9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS.  9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.  9c. ALL OTHER LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
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| POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT  8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)  VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI  1 DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.  9. EXPENDITURES BY CATEGORY  1 DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.  1 DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.  1 THIS REPORTING QUARTER  1 PROOF THIS QUARTER  2 PROOF THIS QUARTER  2 PROOF THIS QUARTER  2 PROOF THIS QUARTER  2 PROOF THIS QUARTER  3 PROOF THIS QUARTER  4 PROOF THIS QUARTER  5 PROOF THIS QUARTER  5 PROOF THIS QUARTER  5 PROOF THIS QUARTER  6 PROOF THIS QUARTER  9 PROOF                                                                                                                                                                            |  |  |  |  |  |
| OF LOBBYING ACTIVITY DURING THIS QUARTER  VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI  Did not engage in lobbying activity during this quarter.  9. EXPENDITURES BY CATEGORY  9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS  9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |
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| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Danielle El-Amin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Type or print name of lobbyist NATASHA L. KIMMERLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF INGHAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| Signature of lobbyist My Commission Expires January 1, 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Subscribed and swom to me this sworn to before me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| The The Man 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| this day of day                                                                                                                                                                            |  |  |  |  |  |
| AUXIBOUL IMMINON X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| Notary Public, Wayne County, Michigan My Commission Explices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 1/26/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |

## **CITY OF DETROIT QUARTERLY REPORT**

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

|                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | 2020 JAN 26 A N 23                                                                              |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| 1. LOBBYIST'S NAME Danielle El-Amin                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. LOBBYIST'S ID NUMBER<br>2022-2  |                                                                                                 |  |  |
| 3. BUSINESS ADDRESS (All mail will be sent to this address)                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. TELEPHONE NUMBER(S)             |                                                                                                 |  |  |
| 208 North Capitol Ave. 3rd Floor Lansing, MI 48933                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ( )371-1400 ( )                    |                                                                                                 |  |  |
| IF THIS ADDRESS HAS CHANGED, CHECK BOX                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IF A NUMBER HAS CHANGED, CHECK BOX |                                                                                                 |  |  |
| 5. DATE OF ANNUAL REGISTRATION                                                                                                            | 6. PERIOD FOR THIS REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                                                                                                 |  |  |
| 03 03 2022<br>Month Day Year                                                                                                              | 1st Quarter (ending 3 months after annual registration)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                                 |  |  |
| 20, 100                                                                                                                                   | 2nd Quarter (ending 6 months after annual registration) 3rd Quarter (ending 9 months after annual registration) 4th Quarter (ending 12 months after annual registration)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                 |  |  |
| (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| 7. NAME OF CLIENT POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| 8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  VERBAL AND WRITTEN COMMUNICATIONS WITH PUBLIC OFFI                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| VERBAL AND WRITTEN                                                                                                                        | COMMUNIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AHONS                              | WITH PUBLIC OFFI                                                                                |  |  |
| I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| 9. EXPENDITURES BY CATEGORY                                                                                                               | THIS REPORTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 QUARTER                          | REGISTRATION DATE THROUGH                                                                       |  |  |
| 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS,<br>REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER<br>INFORMATIONAL MATERIALS | 9a. \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | end of this quarter                                                                             |  |  |
| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING                                                                                                | 9b. \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | 9b. \$0                                                                                         |  |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES                                                                                                       | 9c. \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | 9c. \$ <u>0</u>                                                                                 |  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)                                                                                   | <sub>9d. \$</sub> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | 9d. \$O                                                                                         |  |  |
| 10. VERIFICATION                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| I swear, or affirm, that all reasonable diligence was used in p<br>best of my knowledge.                                                  | reparation of this for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | m, and the cor                     | itents are true and accurate to the                                                             |  |  |
| Danielle El-Amin                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | 0                                                                                               |  |  |
| Type or print name of lobbyist  Signature of lobbyist                                                                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | My Com                             | NATASHA L. KIMMERLY PUBLIC - STATE OF MICHIGAN COUNTY OF INGHAM mission Expires January 1, 2027 |  |  |
| Subscribed and swom to me this sworn to before me this day of  Notary Public, Wayne County Michigan My Commission Express                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Acting in                          | the County of                                                                                   |  |  |
| FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 1/26/23                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                 |  |  |
| Amount of Ge Palu                                                                                                                         | The state of the s | Date of paymen                     | Profession Tolks are well at the                                                                |  |  |



December 12, 2023

Lobbyist Registration & Reporting Office of Detroit City Clerk 2 Woodward Avenue, Suite 200 Detroit, MI 48226

Re: Terminate Lobby Registration – Danielle El-Amin Lobby ID #2022-2

## TO WHOM IT MAY CONCERN:

Please be advised that Danielle El-Amin (Lobby ID 2022-2) is no longer employed by our firm. We are requesting you terminate her lobby registration with the City of Detroit effective as of December 31, 2022. She has not been actively engaged in lobbying since that date.

Please advise if you require anything further.

Kind Regards,

Natasha Oxender Kimmerly

Chief Operating Officer Kelley Cawthorne, LLC