

OFFICE OF THE
DETROIT CITY CLERK

2017 MAY - 2 APR 36

CITY OF DETROIT LOBBYIST REGISTRATION

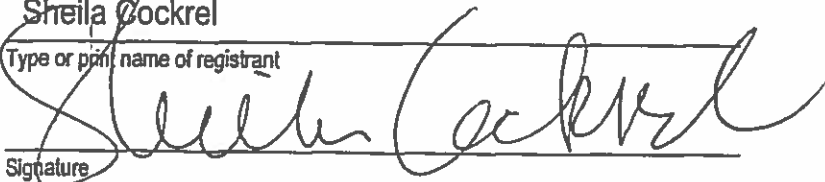


(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel	2. REGISTRANT'S ID NUMBER 2017-1
3. BUSINESS ADDRESS (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, MI 48216	4. TELEPHONE NUMBER(S) 313,338-3772 313,3199600
5. TYPE OF LOBBYIST (Check all applicable boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 	
6. NAME AND ADDRESS OF CLIENT(S) IPR Great Lakes/Inland Pipe Rehabilitation 4086 Michigan Avenue Detroit, MI 48210	
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Sheila Cockrel _____ Type or print name of registrant</p> <p><i>Sheila Cockrel</i> _____ Signature</p> </div> <div style="width: 35%; text-align: right;"> <p>Subscribed and sworn to me this sworn to before me this <u>20</u> day of <u>APRIL</u>, <u>2017</u> <i>Florence Lograsso</i> _____ Notary Public, Wayne County, Michigan My Commission Expires: <u>November 13, 2019</u></p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <p>FLORANN LOGRASSO NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Nov 13, 2019 ACTING IN COUNTY OF <u>Wayne</u></p> </div>	

FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION Month: _____ Day: _____ Year: _____	THIS REGISTRATION IS VALID: From: Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____	Amount of Fee paid: _____ Date of Payment: _____

CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel	2. REGISTRANT'S ID NUMBER 2017-2a-f	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101 Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772	
5. TYPE OF LOBBYIST (Check all applicable boxes.) <input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit. <ul style="list-style-type: none"> <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____ <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 		
6. NAME AND ADDRESS OF CLIENT(S) udcor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Accenture, 3000 Town Center, Southfield, MI 48075 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103		
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Sheila Cockrel Type or print name of registrant  Signature Subscribed and sworn to me this sworn to before me this <u>16th</u> day of <u>January</u> , 2019  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/23</u>		
		
FOR OFFICIAL USE ONLY		
DATE OF ANNUAL REGISTRATION 05-02-17 Month: 05 Day: 02 Year: 17	THIS REGISTRATION IS VALID From: _____ Month: _____ Day: _____ Year: _____ To: _____ Month: _____ Day: _____ Year: _____	Amount of fee paid: <u>125</u> Date of payment: <u>01-18-19</u>

CITY CLERK 18 JAN 2019 AM 10:09

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

OFFICE OF THE
DETROIT CITY CLERK
2017 MAY 2 A 10:30

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel	2. REGISTRANT'S ID NUMBER <u>2017-1a</u>
--	--

3. BUSINESS ADDRESS (All mail will be sent to this address) Crossroads Consulting 2020 14th Street, #201 Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600
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5. TYPE OF LOBBYIST (Check all applicable boxes.)	<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)
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6. NAME AND ADDRESS OF CLIENT(S)
 Detroit Regional Chamber
 One Woodward Avenue, Suite 1900
 Detroit, MI 48232

7. VERIFICATION

I swear, or affirm, that:

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

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

Sheila Cockrel
 Type or print name of registrant.

Sheila Cockrel
 Signature


Subscribed and sworn to me this sworn to before me
 this 28 day of APRIL, 2017
Florann Lograsso
 Notary Public, Wayne County, Michigan
 My Commission Expires: November 13, 2019

FLORANN LOGRASSO
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Nov 13, 2019
 ACTING IN COUNTY OF Wayne

FOR OFFICIAL USE ONLY		
DATE OF ANNUAL REGISTRATION Month: _____ Day: _____ Year: _____	THIS REGISTRATION IS VALID From: _____ Month: _____ Day: _____ Year: _____ To: _____ Month: _____ Day: _____ Year: _____	Amount of fee paid: _____ Date of payment: _____

2017 MAY -2 A 10: 36

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

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel		2. REGISTRANT'S ID NUMBER 2017-1b	
3. BUSINESS ADDRESS (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, Mi 48216		4. TELEPHONE NUMBER(S) 313,338-3772 313,3199600	
5. TYPE OF LOBBYIST (Check all applicable boxes.)		<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)	
6. NAME AND ADDRESS OF CLIENT(S) Total Outdoor 414 Stewart Stree #204 Seattle, WA 98101			
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. <u>Sheila Cockrel</u> Type or print name of registrant  Signature Subscribed and sworn to me this sworn to before me this <u>25th</u> day of <u>APRIL</u> , <u>2017</u> <u>Florann Lograsso</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>November 13, 2019</u>			

FLORANN LOGRASSO
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Nov 13, 2019
ACTING IN COUNTY OF Wayne


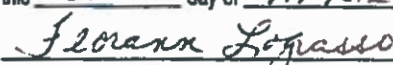
FOR OFFICIAL USE ONLY				
DATE OF ANNUAL REGISTRATION		THIS REGISTRATION IS VALID:		Amount of fee paid
Month	Day	Year	From	Date of payment
			Month Day Year	
			To	
			Month Day Year	

OFFICE OF THE
DETROIT CITY CLERK

2017 MAY -2 A 10: 36

CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

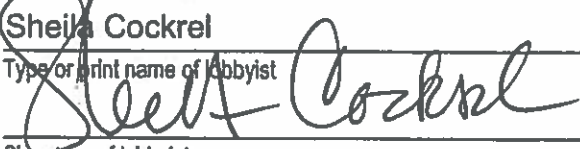
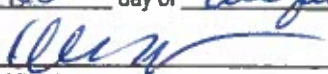
1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel		2. REGISTRANT'S ID NUMBER 2017-1d	
3. BUSINESS ADDRESS (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, MI 48216		4. TELEPHONE NUMBER(S) 313,338-3772 313,3199600	
5. TYPE OF LOBBYIST (Check all applicable boxes.) <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)			
6. NAME AND ADDRESS OF CLIENT(S) MPS Group 38755 Hillis Tech Drive Farmington Hills, MI 48331			
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Sheila Cockrel Type or print name of registrant  Signature Subscribed and sworn to me this sworn to before me this <u>23rd</u> day of <u>APRIL</u> , <u>2017</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>November 12, 2019</u>			
FLORANN LOGRASSO NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Nov 13, 2019 ACTING IN COUNTY OF <u>Wayne</u>			

FOR OFFICIAL USE ONLY:

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

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

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <div style="text-align: center;"> May 2 2017 _____ Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT IPR Great Lakes/Inland Pipe Rehabilitation			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> </div>			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>20th</u> day of <u>August</u> , 2017  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/2024</u>			
FOR OFFICIAL USE ONLY: Amount of fee paid: _____ Date of payment: _____			

CITY CLERK 1 SEP 2017 AM 11:13

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective June 1, 2017, I do not represent the following client(s):
 Detroit Regional Chamber
 One Woodward Avenue, Suite 1900
 Detroit, MI 48232

Effective June 1, 2017, I represent the following client(s):
 Agronomos, LLC
 2520 22nd Street
 Detroit, MI 48216

6. 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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of August 2017

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: 7/30/24

FOR OFFICIAL USE ONLY

Amount of fee paid: _____ Date of payment: _____

CITY OF DETROIT QUARTERLY REPORT

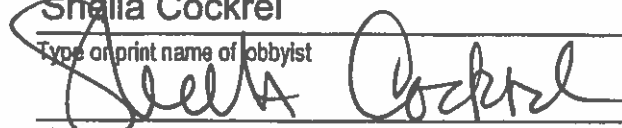
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2b							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT Total Outdoor									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) </div> <div style="width: 70%;"> <p style="text-align: center; margin-top: 10px;">Met with elected or appointed members of the executive and/or legislative branches.</p> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div>									
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 2.30	9c. \$ 2.30						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 2.30	9d. \$ 2.30						
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. Sheila Cockrel Type or print name of lobbyist Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>August</u> , 2017 Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>									
FOR OFFICIAL USE ONLY:									
Amount of fee paid		Date of payment							

CITY CLERK 1 SEP 2017 AM 11:15

CITY OF DETROIT QUARTERLY REPORT

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

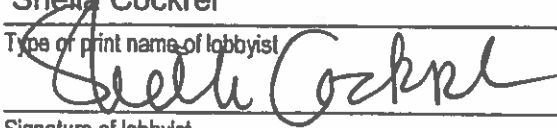

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c															
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)															
7. NAME OF CLIENT Comcast Heartland Region																
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.																
9. EXPENDITURES BY CATEGORY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">THIS REPORTING QUARTER</th> <th style="width: 35%; text-align: center;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</td> <td style="text-align: center; padding: 2px;">9a. \$ 0.00</td> <td style="text-align: center; padding: 2px;">9a. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="text-align: center; padding: 2px;">9b. \$ 0.00</td> <td style="text-align: center; padding: 2px;">9b. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9c. ALL OTHER LOBBYING EXPENDITURES</td> <td style="text-align: center; padding: 2px;">9c. \$ 0.00</td> <td style="text-align: center; padding: 2px;">9c. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....</td> <td style="text-align: center; padding: 2px;">9d. \$ 0.00</td> <td style="text-align: center; padding: 2px;">9d. \$ 0.00</td> </tr> </tbody> </table>		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER	9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00	9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00														
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 22 nd day of August 2017 Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24																

FOR OFFICIAL USE ONLY: Amount of fee paid: _____ Date of payment: _____

CITY CLERK 1 SEP 2017 AM 11:14

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 Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2d							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</td> <td style="text-align: center; width: 33%;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT MPS Group									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.									
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 22 nd day of August, 2017  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24									
FOR OFFICIAL USE ONLY: Amount of fee paid: _____ Date of payment: _____									

CITY CLERK 1 SEP 2017 AM 11:14

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

OFFICE OF THE
DETROIT CITY CLERK
2018 DEC 11 A 9:50

<p>1. LOBBYIST'S NAME Sheila Cockrel</p>	<p>2. LOBBYIST'S ID NUMBER 2017-2e</p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216</p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) (313) 338-3772 ()</p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective February 1, 2018, I do not represent the following client(s):
Agronomos, LLC

Effective _____, I represent the following client(s):

6. 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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 30th day of November, 2018

Kelly Ann Larson
Notary Public, Wayne County, Michigan
My Commission Expires: 7/30/24



FOR OFFICIAL USE ONLY:

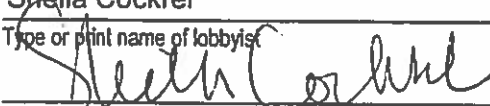
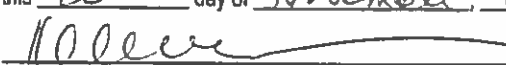

Amount of fee paid: 7.25 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK


2018 DEC 11 A 9:51

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT IPR Great Lakes/Inland Pipe Rehabilitation			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of November, 2018  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24			
<div style="text-align: center;">  </div>			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 12/11/18			

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CLERK
DEC 11 A 9:50

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</td> <td style="text-align: center; width: 33%;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT IPR Great Lakes/Inland Pipe Rehabilitation									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) </div> <div style="width: 25%;"> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> </div>									
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
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. Sheila Cockrel Type or print name of lobbyist _____ Signature of lobbyist									
Subscribed and sworn to me this sworn to before me this <u>30th</u> day of <u>November</u> , 20 <u>17</u> _____ Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>									
									
FOR OFFICIAL USE ONLY Amount of fee paid: <u>25.00</u> Date of payment: <u>12/11/18</u>									

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2018 DEC 11 A 9:50

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
IPR Great Lakes/Inland Pipe Rehabilitation

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

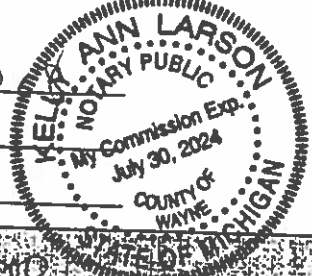
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 30th day of November, 2018

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: 7/30/24



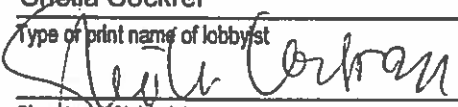

FOR OFFICIAL USE ONLY

Amount of fee paid: \$15.00 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE
DETROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT 2019 DEC 11 A 9:50
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-26																
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX																
5. DATE OF ANNUAL REGISTRATION May 2 2017 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)																
7. NAME OF CLIENT Total Outdoor																		
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.																		
9. EXPENDITURES BY CATEGORY		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">THIS REPORTING QUARTER</th> <th style="width: 25%;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</td> <td style="text-align: right; padding: 2px;">9a. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9a. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="text-align: right; padding: 2px;">9b. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9b. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9c. ALL OTHER LOBBYING EXPENDITURES</td> <td style="text-align: right; padding: 2px;">9c. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9c. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....</td> <td style="text-align: right; padding: 2px;">9d. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9d. \$ 0.00</td> </tr> </tbody> </table>			THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER	9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00	9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00
	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER																
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00																
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00																
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. Sheila Cockrel Type of print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of November 2018  Kelly Ann Larson Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24																		
FOR OFFICIAL USE ONLY Amount of fee paid: _____ Date of payment: 12/11/19																		

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CLERK
DEC 11 A 9:51

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2b
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
--	--

7. NAME OF CLIENT
Total Outdoor

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 30th day of November, 2017

K. Kelly
Notary Public, Wayne County, Michigan
My Commission Expires: 7/30/24



FOR OFFICIAL USE ONLY

Amount of fee paid: 25.00 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

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

2018 DEC 11 A 9:54

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2b	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION May 2 2017 _____ Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT Total Outdoor			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. Sheila Cockrel _____ Type or print name of lobbyist  _____ Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of November _____ Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24 			

FOR OFFICIAL USE ONLY
 Amount of fee paid: \$ 25.00 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2018 DEC 11 A 9:57

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2c	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT Comcast Heartland Region			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. Sheila Cockrel Type or print name of lobbyist _____ Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of November _____ Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24			
			
FOR OFFICIAL USE ONLY Amount of fee paid: \$ 15.00 Date of payment: 12/11/18			

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CLERK

2018 DEC 11 A 9:50

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 30th day of November, 2018

Kellie Ann Larson
Notary Public, Wayne County, Michigan
My Commission Expires: 7/30/24

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$25 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

2016 DEC 11 A 9:51

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

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

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Month	Day	Year					

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COMCAST HEARTLAND REGION

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Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 30th day of November, 2017

KOOLU
Notary Public, Wayne County, Michigan
My Commission Expires: 7/30/24

FOR OFFICIAL USE ONLY:

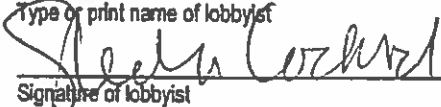


Amount of fee paid: 9.25 Date of payment: 12/11/18

CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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OFFICE OF THE
DETROIT CITY CLERK

2018 DEC 11 A 9:57

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2d	
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7. NAME OF CLIENT MPS Group			
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
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FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 12/11/18			

CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE
DETROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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REC 11 A 9:51

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2d
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May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
MPS Group

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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.

Sheila Cockrel

 Type or print name of lobbyist

Sheila Cockrel

 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 30th day of November, 2017

Kellee

 Notary Public, Wayne County, Michigan
 My Commission Expires: 7/30/24

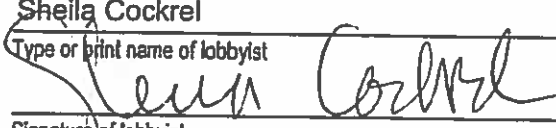
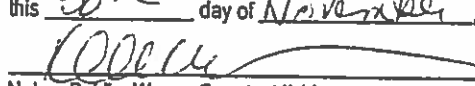

FOR OFFICIAL USE ONLY:

Amount of fee paid \$ 25.00 Date of payment 12/11/18

OFFICE OF THE
DETROIT CITY CLERK
2018 DEC 11 A 9:50

CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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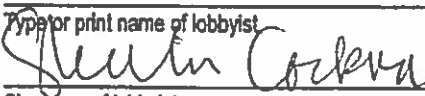
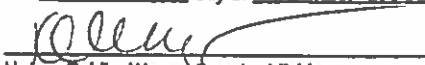
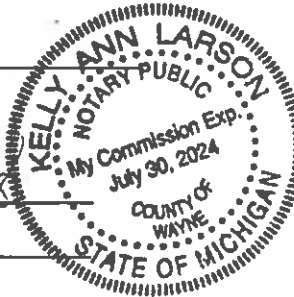
1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2d							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
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FOR OFFICIAL USE ONLY Amount of fee paid: 2.25 Date of payment: 12/11/18									

CITY OF DETROIT QUARTERLY REPORT

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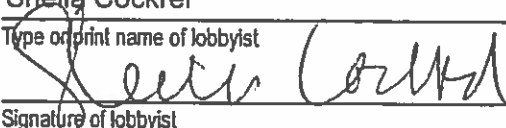
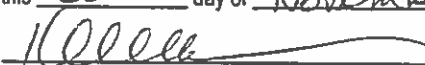

DEC 11 A 9:58

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2f																
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX																
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7. NAME OF CLIENT Accenture, LLP																		
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CITY OF DETROIT QUARTERLY REPORT

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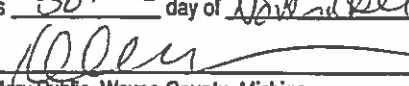

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DETROIT CITY CLERK
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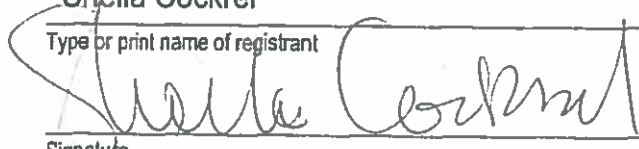

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2f							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</td> <td style="text-align: center; width: 33%;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT Accenture, LLP									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.									
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of November  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24									
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> FOR OFFICIAL USE ONLY </div> <div style="text-align: center;">  </div> <div style="text-align: right;"> Date of payment: 12/11/18 </div> </div>									

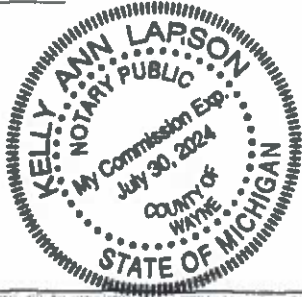
CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE
DETROIT CITY CLERK

2019 NOV 25 A 10:07

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel	2. REGISTRANT'S ID NUMBER 2017-2a-f
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101 Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
5. TYPE OF LOBBYIST (Check all applicable boxes.) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit. <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 	
6. NAME AND ADDRESS OF CLIENT(S) Total Outdoor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Zen Republic, LLC, 520 North Main Street, Royal Oak, MI 48067 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103	
7. VERIFICATION I swear, or affirm, that: a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.	
Sheila Cockrel Type or print name of registrant  Signature	
Subscribed and sworn to me this sworn to before me this <u>25th</u> day of <u>November</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>	



FOR OFFICIAL USE ONLY:			
DATE OF ANNUAL REGISTRATION 05 - 02 - 2017 Month Day Year	THIS REGISTRATION IS VALID: From 05 - 02 - 2019 Month Day Year To 05 - 02 - 2020 Month Day Year	Amount of fee paid: \$ 125.00	Date of payment: 11 - 25 - 2019

[Handwritten signature]

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3:22

<p>1. LOBBYIST'S NAME Sheila Cockrel</p>	<p>2. LOBBYIST'S ID NUMBER 2017-a-f</p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216</p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600</p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective September 1, 2019, I do not represent the following client(s):

Effective _____, I represent the following client(s):

Accenture, LLC

6. 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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November 2019

Kelly Ann Larson
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 15.00 Date of payment: 11-22-19

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3:22

<p>1. LOBBYIST'S NAME Sheila Cockrel</p>	<p>2. LOBBYIST'S ID NUMBER 2017-a-f</p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216</p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) (313) 338-3772 (313) 319-9600</p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective _____, I do not represent the following client(s):

Effective May 3, 2019, I represent the following client(s):

Zen Republic, LLC

6. VERIFICATION

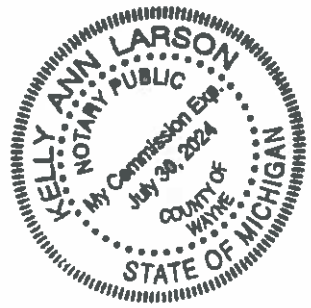
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November, 2019

Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

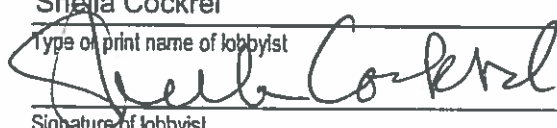

Amount of fee paid: \$ 15.00 Date of payment: 11.23.2019

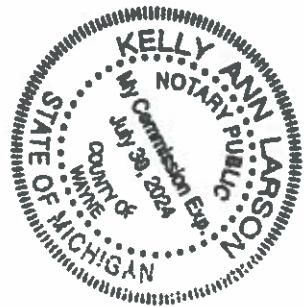
8

**CITY OF DETROIT
 QUARTERLY REPORT**
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE
 DETROIT CITY CLERK

2019 NOV 22 P 3:22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2f							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;"><u>May</u></td> <td style="text-align: center; width: 33%;"><u>2</u></td> <td style="text-align: center; width: 33%;"><u>2017</u></td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)		
<u>May</u>	<u>2</u>	<u>2017</u>							
Month	Day	Year							
7. NAME OF CLIENT Accenture, LLP									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.									
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER							
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>							
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>							
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>							
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>							
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. Sheila Cockrel Type of print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>November</u> , <u>2019</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FOR OFFICIAL USE ONLY:</td> <td style="width:40%;">Amount of fee paid: <u>\$25.00</u></td> <td style="width:30%;">Date of payment: <u>11.22.19</u></td> </tr> </table>				FOR OFFICIAL USE ONLY:	Amount of fee paid: <u>\$25.00</u>	Date of payment: <u>11.22.19</u>			
FOR OFFICIAL USE ONLY:	Amount of fee paid: <u>\$25.00</u>	Date of payment: <u>11.22.19</u>							



**CITY OF DETROIT
 QUARTERLY REPORT**
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE
 DETROIT CITY CLERK
 2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2f
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
Accenture, LLP

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER
 I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

 I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of November, 2019

Kellen
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 11.22.2019

**CITY OF DETROIT
 QUARTERLY REPORT** **OFFICE OF THE
 DETROIT CITY CLERK**
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2019 NOV 22 P 3:22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2f
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
 Accenture, LLP

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

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10. VERIFICATION

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Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of November, 2019

Kelly Ann Larson
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

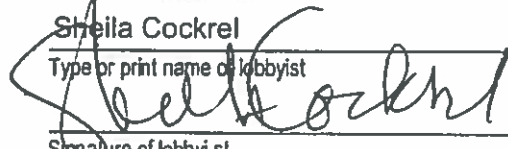

Amount of fee paid: \$ 25.00 Date of payment: 11.22.19

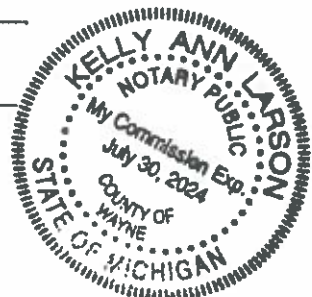
CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE
DETROIT CITY CLERK**

2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2c							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
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May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT COMCAST HEARTLAND REGION									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.									
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FOR OFFICIAL USE ONLY:</td> <td style="width: 30%;">Amount of fee paid: \$ 25.00</td> <td style="width: 40%;">Date of payment: 11.22.19</td> </tr> </table>				FOR OFFICIAL USE ONLY:	Amount of fee paid: \$ 25.00	Date of payment: 11.22.19			
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CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2019 NOV 22 P 3 22 I

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
---	---

3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
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May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
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10. VERIFICATION

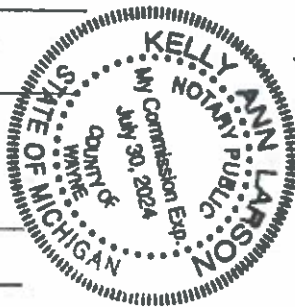
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
Type of print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November, 2019

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 11-22-19

CITY OF DETROIT
QUARTERLY REPORT **OFFICE OF THE**
DETROIT CITY CLERK
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2019 NOV 22 P 3:22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
--	--

7. NAME OF CLIENT
 COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of November, 2019

Kellen
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

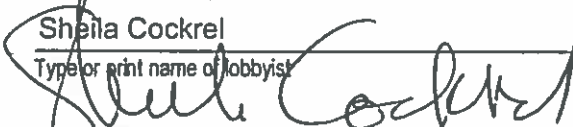

Amount of fee paid: \$ 25.00 Date of payment: 11.22.19

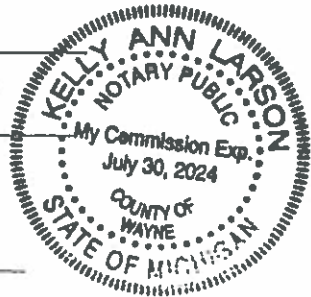
CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE
DETROIT CITY CLERK**

2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c															
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FOR OFFICIAL USE ONLY: Amount of fee paid <u>\$ 25.00</u> Date of payment <u>11.22.19</u>																

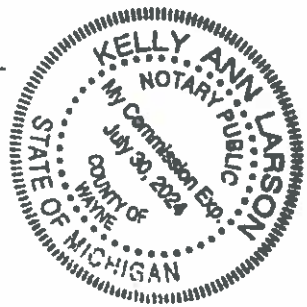


CITY OF DETROIT QUARTERLY REPORT

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OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3 23

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May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT IPR Great Lakes/Inland Pipe Rehabilitation									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER									
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CITY OF DETROIT QUARTERLY REPORT

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OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3:23

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7. NAME OF CLIENT
IPR Great Lakes/Inland Pipe Rehabilitation

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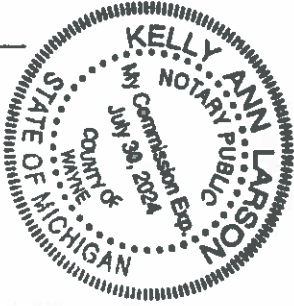
Sheila Cockrel
Type or print name of lobbyist

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Signature of lobbyist

Subscribed and sworn to me this sworn to before me

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Kellen
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



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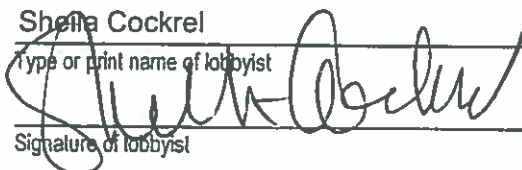

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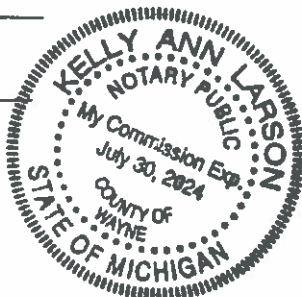
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CITY OF DETROIT
QUARTERLY REPORT
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OFFICE OF THE
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2019 NOV 22 P 3 231

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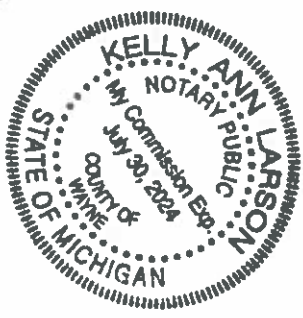
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 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

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Kelly
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



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**CITY OF DETROIT
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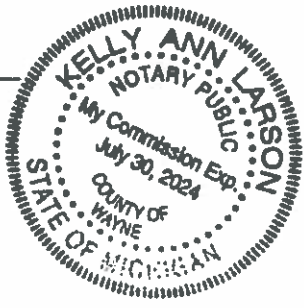
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My Commission Expires: July 30, 2024



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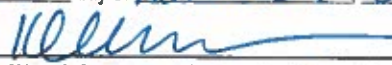
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1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2d	
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5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT MPS Group			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. Sheila Cockrel <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small> Subscribed and sworn to me this sworn to before me this 22 nd day of November 2019  Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
FOR OFFICIAL USE ONLY		Amount of fee paid: \$ 25.00	Date of payment: 11.22.19



CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2d
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
MPS Group

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

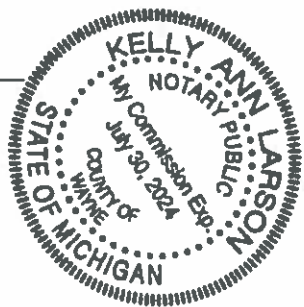
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November, 2019

Kelly Ann Larson
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$25.00 Date of payment: 11.22.19

**CITY OF DETROIT
QUARTERLY REPORT**

**OFFICE OF THE
DETROIT CITY CLERK**

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

2019 NOV 22 P 3 231

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2d
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</td> <td style="text-align: center; width: 33%;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
MPS Group

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

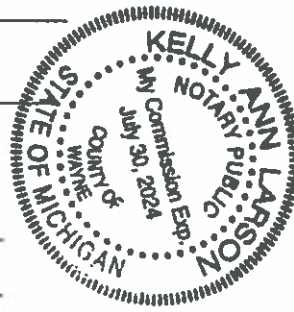
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
Type or print name of lobbyist

[Signature]
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November 2019

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:


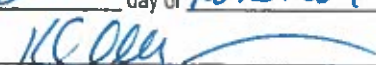
Amount of fee paid: \$25.00 Date of payment: 11.22.19

**CITY OF DETROIT
QUARTERLY REPORT**

OFFICE OF THE
DETROIT CITY CLERK

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

2019 NOV 22 P 3:22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2b	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 388-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION May 2 2017 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT TOTAL OUTDOOR			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
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. SHEILA COCKREL Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 22 nd day of November, 2019  Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> FOR OFFICIAL USE ONLY: </div> <div style="text-align: center;"> Amount of fee paid: \$ 25.00 </div> <div style="text-align: right;"> Date of payment: 11.22.19 </div> </div>			



**CITY OF DETROIT
QUARTERLY REPORT**

**OFFICE OF THE
DETROIT CITY CLERK**

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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2019 NOV 22 P 3:22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2b
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 388-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
TOTAL OUTDOOR

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
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10. VERIFICATION

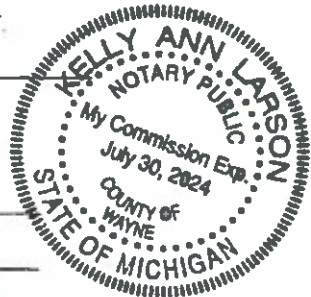
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

SHEILA COCKREL
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of November, 2019

Kelly Ann Larson
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY

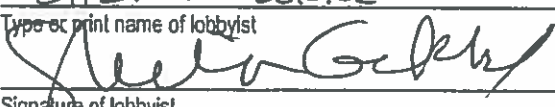

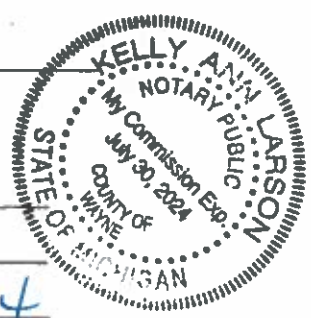
Amount of fee paid: \$ 25.00 Date of payment: 11-22-19

CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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OFFICE OF THE
DETROIT CITY CLERK

2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2b							
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 388-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
7. NAME OF CLIENT TOTAL OUTDOOR									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER									
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SHEILA COCKREL Type or print name of lobbyist									
 Signature of lobbyist									
Subscribed and sworn to me this sworn to before me									
this 22 nd day of November 2019									
 Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024									
									
FOR OFFICIAL USE ONLY:									
Amount of fee paid \$ 25.00		Date of payment 11.22.19							

**CITY OF DETROIT
 QUARTERLY REPORT**
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE
 DETROIT CITY CLERK

2019 NOV 22 P 3 221

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2b
---	---

3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 388-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
TOTAL OUTDOOR

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
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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.

SHEILA COCKREL
 Type or print name of lobbyist

[Signature]
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22nd day of November, 2019

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024





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**CITY OF DETROIT
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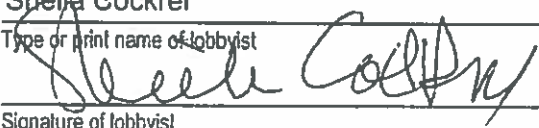

OFFICE OF THE
DETROIT CITY CLERK
2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2g	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216		4. TELEPHONE NUMBER(S) (313) 338-3772	
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
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7. NAME OF CLIENT Zen Republic, LLC			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
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FOR OFFICIAL USE ONLY: Amount of fee paid: <u>\$ 25.00</u> Date of payment: <u>11.22.19</u>			



**CITY OF DETROIT
QUARTERLY REPORT**
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DETROIT CITY CLERK
2019 NOV 22 P 3 22

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2g	
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5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT Zen Republic, LLC			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>
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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>November</u> <u>2019</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: <u>\$ 25.00</u>		Date of payment: <u>11.22.19</u>	



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

**OFFICE OF THE
 DETROIT CITY CLERK**
 2020 OCT 23 P 2:22

1. REGISTRANT'S NAME (Only one person may register with this form) Sheila Cockrel		2. REGISTRANT'S ID NUMBER 2017-2a-f	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101 Detroit, MI 48216		4. TELEPHONE NUMBER(S) (313) 338-3772	
5. TYPE OF LOBBYIST (Check all applicable boxes.)			
<input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit.		<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____ <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)	
6. NAME AND ADDRESS OF CLIENT(S)			
Total Outdoor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Zen Republic, LLC, 520 North Main Street, Royal Oak, MI 48067 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103		Godfrey Hotel PropCo, 1209 Orange St., Wilmington, DE 19801 Revere Dock, LLC, 2217 Lake Ave., North Muskegon, MI 49445 Detroit Axe, 1375 Michigan Ave., Detroit, MI 48226	

7. VERIFICATION

I swear, or affirm, that:

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

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

Sheila Cockrel

Type or print name of registrant

Sheila Cockrel

Signature

Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

[Signature]

Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2021



FOR OFFICIAL USE ONLY:

DATE OF ANNUAL REGISTRATION 05 - 02 - 2017 <small>Month Day Year</small>	THIS REGISTRATION IS VALID: From 5 - 02 - 2020 <small>Month Day Year</small> To 05 - 02 - 2021 <small>Month Day Year</small>	Amount of fee paid: \$125.00 Date of payment: 10-23-2020
---	--	---

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

OFFICE OF THE
DETROIT CITY CLERK

1. LOBBYIST'S NAME

Sheila Cockrel

2. LOBBYIST'S ID NUMBER

2017-a-f

2020 OCT 23 P 3:50

3. BUSINESS ADDRESS (All mail will be sent to this address)

2020 14th Street, #101, Detroit, MI 48216

4. TELEPHONE NUMBER(S)

313 338-3772 313 319-9600

IF THIS ADDRESS HAS CHANGED, CHECK BOX

IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective June 1, 2020, I do not represent the following client(s):

Revere Dock, LLC
Total Outdoor, LLC
Zen Republic, LLC

Effective February 1, 2020, I represent the following client(s):

Revere Dock, LLC

Effective March 1, 2020, I represent the following client(s):

Detroit Axe, LLC
Godfrey Detroit PropCo, LLC

6. 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.

Sheila Cockrel

Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$15.00

Date of payment: 10/23/2020

[Signature]

CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR DETROIT CITY CLERK
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE
DETROIT CITY CLERK

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2d
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;"><u>May</u></td> <td style="text-align: center; width: 33%;"><u>2</u></td> <td style="text-align: center; width: 33%;"><u>2017</u></td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
MPS Group

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

Kelly Ann Larson
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.⁰⁰ Date of payment: 10/23/2020

CITY OF DETROIT
QUARTERLY REPORT OFFICE OF THE
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER BY THE CITY CLERK
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2-231

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2d
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>May</u></td> <td style="text-align: center; border: none;"><u>2</u></td> <td style="text-align: center; border: none;"><u>2017</u></td> </tr> <tr> <td style="text-align: center; border: none; font-size: small;">Month</td> <td style="text-align: center; border: none; font-size: small;">Day</td> <td style="text-align: center; border: none; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
MPS Group

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

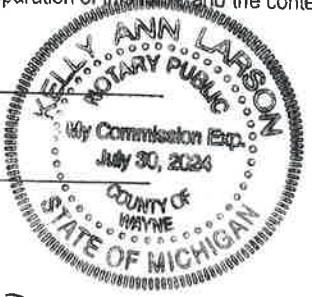
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kelly Ann Larson
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE
DETROIT CITY CLERK
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23
2. LOBBYIST'S ID NUMBER
2017-2d

1. LOBBYIST'S NAME
Sheila Cockrel

3. BUSINESS ADDRESS (All mail will be sent to this address)
2020 14th Street, #101, Detroit, MI 48216

IF THIS ADDRESS HAS CHANGED, CHECK BOX

4. TELEPHONE NUMBER(S)
(313) 338-3772

IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION
May 2 2017
Month Day Year
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)

6. PERIOD FOR THIS REPORT

1st Quarter (ending 3 months after annual registration)
 2nd Quarter (ending 6 months after annual registration)
 3rd Quarter (ending 9 months after annual registration)
 4th Quarter (ending 12 months after annual registration)

7. NAME OF CLIENT
MPS Group

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of October, 2020

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00

Date of payment: 10/23/2020

CITY OF DETROIT
QUARTERLY REPORT OFFICE OF THE
DEPUTY CLERK
 TO BE FILED BY REGISTERED LOBBYIST FOR DETROIT CITY CLERK
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
IPR Great Lakes/Inland Pipe Rehabilitation

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

10. VERIFICATION

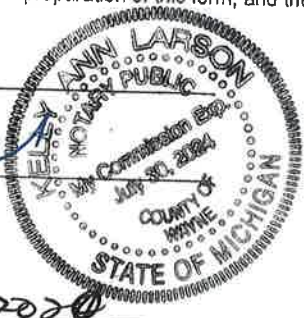
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Allen
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT

QUARTERLY REPORT OFFICE OF THE DETROIT CITY CLERK

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

2020 OCT 23 P 2 231
2. LOBBYIST'S ID NUMBER
2017-2

1. LOBBYIST'S NAME
Sheila Cockrel

3. BUSINESS ADDRESS (All mail will be sent to this address)
2020 14th Street, #101, Detroit, MI 48216

4. TELEPHONE NUMBER(S)
(313) 338-3772

IF THIS ADDRESS HAS CHANGED, CHECK BOX

IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION
May 2 2017
Month Day Year

(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)

6. PERIOD FOR THIS REPORT
 1st Quarter (ending 3 months after annual registration)
 2nd Quarter (ending 6 months after annual registration)
 3rd Quarter (ending 9 months after annual registration)
 4th Quarter (ending 12 months after annual registration)

7. NAME OF CLIENT
IPR Great Lakes/Inland Pipe Rehabilitation

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER
 I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I 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

THIS REPORTING QUARTER
9a. \$ 0.00

REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. \$ 0.00

9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....

9b. \$ 0.00

9b. \$ 0.00

9c. ALL OTHER LOBBYING EXPENDITURES

9c. \$ 0.00

9c. \$ 0.00

9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....

9d. \$ 0.00

9d. \$ 0.00

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.

Sheila Cockrel
Type or print name of lobbyist

Signature of lobbyist



Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

Notary Public, Wayne County, Michigan

My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00

Date of payment: 10/23/2020

CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE
DETROIT CITY CLERK**

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">2017</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
IPR Great Lakes/Inland Pipe Rehabilitation

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

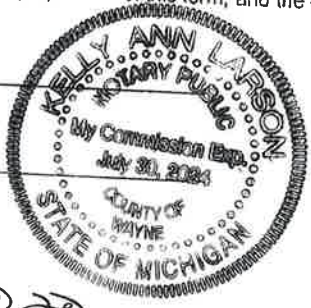
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kelly Ann Larson
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT
QUARTERLY REPORT OFFICE OF THE
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT CITY CLERK
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Keller
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10.23.2020

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2020-06-19 P 2:23
2017-2c

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

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(Provide a brief description and, if necessary, attach additional sheets.)

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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00


10. VERIFICATION

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Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of October, 2020



Keller
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10.23.2020

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2020 OCT 23 5 00 PM '20

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2c
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
COMCAST HEARTLAND REGION

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

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I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

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Sheila Cockrel

Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist



Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

K Larson
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10-23-2020

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2020 OCT 23 P 2:22

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2j
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
Detroit Axe

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

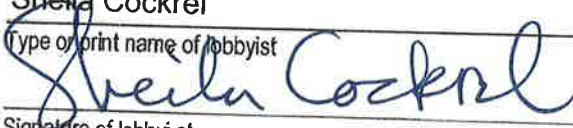
I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

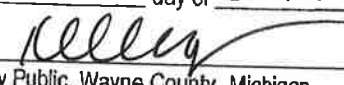
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
 (Type or print name of lobbyist)

 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT
QUARTERLY REPORT OFFICE OF THE
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT DETROIT CITY CLERK
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2j
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216	4. TELEPHONE NUMBER(S) (313) 338-3772
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT
 Detroit Axe

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 23rd day of October, 2020

Kelly
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE
DETROIT CITY CLERK**

2020 OCT 23 P 2-231

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2j
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
 Detroit Axe

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kelly
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00
 Date of payment: 10-23-2020

CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE
DETROIT CITY CLERK

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

2020 OCT 23 P 2: 231

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2i
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
 Godfrey Detroit PropCo, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

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Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

William
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

**CITY OF DETROIT
 QUARTERLY REPORT OFFICE OF THE
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER CITY CLERK**
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2: 231

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2i
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7. NAME OF CLIENT
 Godfrey Detroit PropCo, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

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Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kellen
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$25.00 Date of payment: 10-23-2020

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2i
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

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Godfrey Detroit PropCo, LLC

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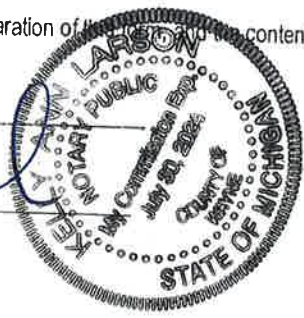
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Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

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CITY OF DETROIT QUARTERLY REPORT

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**OFFICE OF THE
DETROIT CITY CLERK**

2020 OCT 23 P 2:24

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2i
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
 Godfrey Detroit PropCo, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kellen
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$25.00 Date of payment: 10/23/2020

**CITY OF DETROIT
QUARTERLY REPORT**

**OFFICE OF THE
DETROIT CITY CLERK**

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

2020 OCT 23 P 2:24

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2g
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

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May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
Zen Republic, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ 0.00	9d. \$ 0.00

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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of October, 2020

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$25.00 Date of payment: 10/23/2020

CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE
DETROIT CITY CLERK

2020 OCT 23 P 2:24

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2g
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT
Zen Republic, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
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I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

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10. VERIFICATION

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Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of October, 2020

[Signature]
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



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CITY OF DETROIT QUARTERLY REPORT

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**OFFICE OF THE
DETROIT CITY CLERK**

2020 OCT 23 P 2:24

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-2b
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
Total Outdoor

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0.00	9a. \$ 0.00
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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.

Sheila Cockrel
Type or print name of lobbyist

Sheila Cockrel
Signature of lobbyist

Subscribed and sworn to me this sworn to before me
this 22nd day of October, 2020

Weller
Notary Public, Wayne County, Michigan
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

CITY OF DETROIT
QUARTERLY REPORT OFFICE OF THE DETROIT CITY CLERK
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:24

1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-2h	
3. BUSINESS ADDRESS (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216		4. TELEPHONE NUMBER(S) (313) 338-3772	
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	

5. DATE OF ANNUAL REGISTRATION <table border="0"> <tr> <td align="center">May</td> <td align="center">2</td> <td align="center">2017</td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT
Revere Dock, LLC

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
 (Provide a brief description and, if necessary, attach additional sheets.)

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS.....	9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES.....	9c. \$ 0.00	9c. \$ 0.00
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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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me
 this 22nd day of October, 2020

Kelly M. Carlson
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-a-f
3. BUSINESS ADDRESS (All mail will be sent to this address) 1769 Vermont St, Detroit, MI 48216 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) 313 338-3772 313 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective May 1, 2021, I do not represent the following client(s):
 Axe Detroit, 2560 Wolcott St, Ferndale, MI 48220
 Godfrey Detroit PropCo, 32300 Northwestern Hwy #230, Farmington Hills, MI 60202 USA
 MPS Group, 40600 Ann Arbor Rd E, Suite 201, Plymouth, MI 48170

Effective May 1, 2021, I represent the following client(s):
 Avanath, 1920 Main St #150, Irvine, CA 92614

6. 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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 13th day of April, 2024

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$15.00 Date of payment: 5/13/24

KE

**CITY OF DETROIT
SUPPLEMENT TO LOBBYIST REGISTRATION
TO ADD OR REMOVE CLIENTS**

1. LOBBYIST'S NAME Sheila Cockrel	2. LOBBYIST'S ID NUMBER 2017-a-f
3. BUSINESS ADDRESS (All mail will be sent to this address) 1769 Vermont St, Detroit, MI 48216 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) 313 338-3772 313 319-9600 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective _____, I do not represent the following client(s):

Effective May 1, 2022, I represent the following client(s):
 Oxford Perennial PropCo I, 350 W. Hubbard St #440, Chicago, IL 60654

6. 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.

Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 13th day of April, 2024

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: July 30, 2024

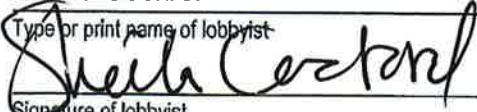
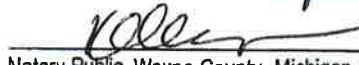


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CITY OF DETROIT QUARTERLY REPORT

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

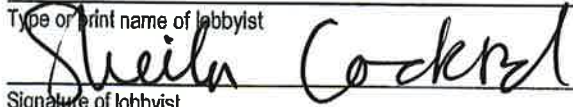


1. LOBBYIST'S NAME Sheila Cockrel		2. LOBBYIST'S ID NUMBER 2017-a-f									
3. BUSINESS ADDRESS (All mail will be sent to this address) 1769 Vermont, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 338-3772 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX									
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May	2	2017									
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FOR OFFICIAL USE ONLY:</td> <td style="width: 40%; text-align: center;"> Amount of fee paid: \$ 25.00 </td> <td style="width: 30%; text-align: right;"> Date of payment: 5/23/24 </td> </tr> </table>				FOR OFFICIAL USE ONLY:	Amount of fee paid: \$ 25.00	Date of payment: 5/23/24					
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KJ

CITY OF DETROIT QUARTERLY REPORT




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<div style="text-align: right;">  </div>									
FOR OFFICIAL USE ONLY:									
Amount of fee paid: <u>\$25.00</u>		Date of payment: <u>5/13/24</u>							

KE

CITY OF DETROIT QUARTERLY REPORT




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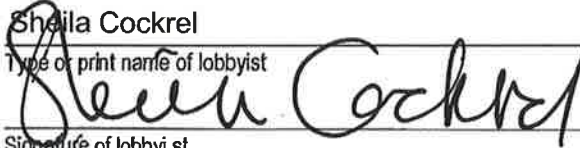


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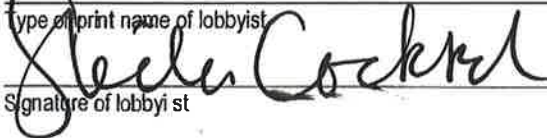
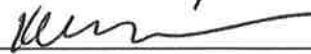
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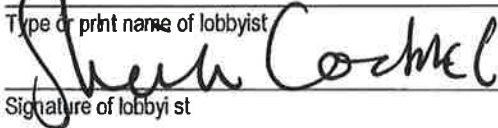
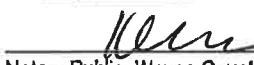
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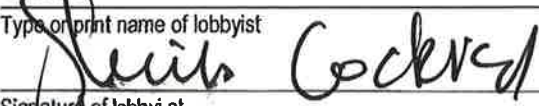

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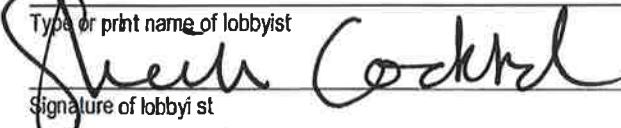
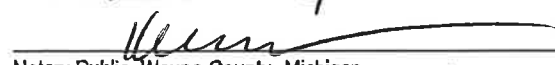
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Sheila Cockrel
 Type or print name of lobbyist

Sheila Cockrel
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 13 day of April, 2024

[Signature]
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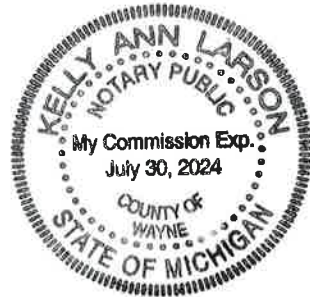
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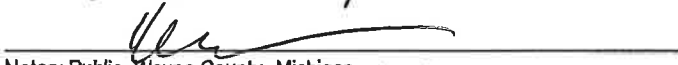
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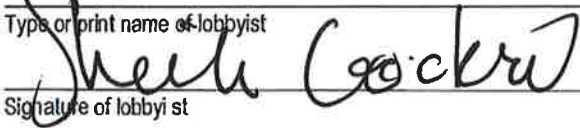

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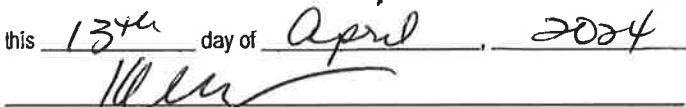
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5. DATE OF ANNUAL REGISTRATION May 2 2017 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)															
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FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 5/13/24																



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CITY OF DETROIT QUARTERLY REPORT

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

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