
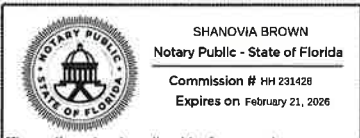



CITY OF DETROIT QUARTERLY REPORT

RECEIVED DEC 02 2024

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

1. LOBBYIST'S NAME Erica Simpson		2. LOBBYIST'S ID NUMBER 2024-12	
3. BUSINESS ADDRESS (All mail will be sent to this address) 151 West 42nd Street, 29th Floor, New York, NY 10036 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (212) 867-9090 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION August 07 2024 <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 General Retirement System of the City of Detroit ; Police and Fire Retirement System of the City of Detroit			
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. \$ _____	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ _____	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____
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.			
Erica Simpson Type or print name of lobbyist  Signature of lobbyist			
Subscribed and sworn to me this sworn to before me		Sworn to (or affirmed) and subscribed before me by means of online notarization, this 11/07/2024 by Erica H. Simpson. _____ Personally Known OR <input checked="" type="checkbox"/> Produced Identification	
this 7th day of November, 2024  Shanovia Brown Notary Public, Wayne County, Michigan 36 State of Florida, Miami Dade County My Commission Expires: 02/21/2026		Type of Identification Produced DRIVER LICENSE Notarized remotely online using communication technology via Proof.	
FOR OFFICIAL USE ONLY:			
Amount of fee paid \$ 25.00		Date of payment 12/2/24	

KJ