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

OFFICE OF THE DETROIT CITY CLERK

2017 AUG 14 P 3: 10 F

1.	REGISTRANT'S NAME (Only one person may register with this form)	2. REGISTRANT'S ID NUMBER
	MARC R. CORRIVEAU	2017-15
3.	BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
	I Ford Place 4 AlB	• •
	Detroit, MI. 48202	(313) 876-8484 (313) 876-8484
5.	TYPE OF LOBBYIST (Check all applicable boxes.)  Registered lobbyist under Michigan Law Registered lobbyist in other states (name state A person anticipating expenditures of more that lobbying all public officials A person anticipating expenditures of more that lobbying a single public official (See definition of "lobbyist" on reverse)	e(s)): an \$1,000 over the next twelve (12) months for
6.	NAME AND ADDRESS OF CLIENT(S)	
:	Henry Ford Health System  I Fond Place 4A/B  Detrot, MI 48202	
7.	VERIFICATION	
i.	I swear, or affirm, that:	
	a) During one (1) year preceding this registration, I have not held the position of appointive officer, or any member of a board, commission or other voting body that is or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a who provided services to the City pursuant to a personal services contract; and	actablished by oither branch of City anymout
	b) All reasonable diligence was used in preparation of this form, and the contents are	true and accurate to the best of my knowledge.
	Mare R Corrivegu	
	Type or print name of registrant	-12
		200
•	Mary Incan	3 3 3
	Signature	
	Subscribed and sworn to me this sworn to before me	ESTHER M. MARTINEZ
-	this / they of / 1000 57, 2017  Notary Public, Wayne County, Michigan My Commission Expires: 03-25-2021)	NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES MAY 25, 2921 CTING IN COUNTY OF LOUPING
	ing Contamonal Laplica. Com Contamonal Laplica.	
FOF	COREIGIA GUSE ONEVERSO DE SERVICIO DE LA COMPANIO.	
13 A		
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A STATE	一个小时间的CVC 100000000000000000000000000000000000	

CITY OF DETROIT OFFICE OF THE QUARTERLY REPORT ROLL CLEY CLEY
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM) A IC: 12

1. LOBBYIST'S NAME	2. LOBBY	ST'S ID NUMBER
MARC R. CORRIVEAU	20	17-15
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPH	ONE NUMBER(S)
1- Ford Place 4 A/B	(313) 8	768484 ,
Detroit, mt 48202		, , , , , , , , , , , , , , , , , , , ,
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NU	MBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REP	ORT
	1 <sup>st</sup> Quarter (ending	3 months after annual registration)
Month Day Year	2nd Quarter (ending	6 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4 <sup>th</sup> Quarter (ending	9 months after annual registration) 12 months after annual registration)
7. NAME OF CLIENT HEARY FORD HEA!	th System	
8. DESCRIPTION I ENGAGED IN LOBBYING ACTIVITY DUR OF LOBBYING (Provide a brief description and, if necessar ACTIVITY DURING THIS QUARTER	ING THIS CLIARTER. y, attach additional sheets.)	
I DID NOT ENGAGE IN LOBBYING ACTIVI	TY DURING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$	92. \$
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)		
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in plest of my knowledge.  MARC RO CORLUGENT Type or print name of lobbyist	reparation of this form, and the o	contents are true and accurate to the
Type of built liame of Advisory	•	
Signature/of jobby/st		
Subscribed and sworn to me this sworn to before me		1 AX 3. 1
this 28 day of June, 20  Suther W. W Partiers  Notary Public, Wayne County, Michigan  My Commission Expires: 43-25-2021	MY COM	ESTHER M. MARTINEZ ARY PUBLIC, STATE OF MI COUNTY OF WAYNE MISSION EXPIRES Mar 25, 2021 COUNTY OF WAYNE
OROGAGIS ZMAY	用 Date of page	

# CITY OF DETROIT ROIT CITY CLERK QUARTERLY REPORT TO BE FILED BY REGISTERED LOBBYIS THORIES THE FORM & U.S.

1. LOBBYIST'S NAME	2 1 DBBVIS	T'S ID NUMBER	
MARC R. CORRIVEAU	5.00	17-15	
3. BUSINESS ADDRESS (All mail will be sent to this address)		ONE NUMBER(S)	
1 Fond Place 4 A/B	l	168484 ( )	
Detrot, MI 48202	(50) 6	100101	
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NUN	BER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPO	RT	
8 14 17 Month Day Year	2 <sup>rd</sup> Quarter (ending	o months after annual registration) 6 months after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	3rd Quarter (ending 8	omonths after annual registration) 2 months after annual registration)	
7. NAME OF CLIENT Henry Ford Heal	th Systen	DE 21	
8. DESCRIPTION OF LOBBYING OF LOBBYING ACTIVITY DURING  I ENGAGED IN LOBBYING ACTIVITY DUR (Provide a brief description and, if necessar	ING THIS QUARTÉR. y, altach additional sheets.)	2118 OCT	
THIS QUARTER		_ [56	
		8 77	
I DID NOT ENGAGE IN LOBBYING ACTIVE	TY DURING THIS OF MARTER	> \(\cap{C} \)	
		<u> 유</u> 듀큐	
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THREEGH PARTIES OF THIS QUARTER PARTIES	
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. \$O	9d. \$	
10. VERIFICATION			
I swear, or affirm, that all reasonable diligence was used in p best of my knowledge.	oreparation of this form, and the co	ontents are true and accurate to the	
MARC PL. COTTUREAU			
Type or print parne of lohboiet		K. 1.5	
MEAT			
Signature of lobbyist			
Subscribed and swom to me this syon to before me			
this 10 th October 20	7/2	TIED IA MADTAIE?	
uns Guay of Capacita	NOTAR'	HER M. MARTINEZ.  / PUBLIC, STATE OF MI	
Notary Public, Wayne County, Michigan  Notary Public, Wayne County, Michigan  Acrong In County OF 4 2 25, 2021			
My Commission Expires: 03/25/263/	ACTING IN CO	UNIT Wayne	
GEORGICAL DOGGANICA CARRA ANTI- CARRA CARR		A STATE OF THE STA	

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) (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM) 2013 FEB -8 A 15-15

1. LOBBYIST'S NAME	2. LOBBYIST'S ID NUMBER
MARC R. CORRIVEAU	2017-15
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
1 Ford Place 4 A/B	(313)876-8484 ( )
_ Detroit, MI 48202.	
IF THIS ADDRESS HAS CHANGED, CHECK BOX	IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPORT
8 14 2617	14 Quarter (ending 3 months after annual registration)
Month Day Year	2 <sup>nd</sup> Quarter (ending 6 months after annual registration) 3 <sup>rd</sup> Quarter (ending 9 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4th Quarter (ending 12 months after annual registration)
7. NAME OF CLIENT HEARY Ford Healt	h System
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DURING (Provide a brief description and, if necessary)	NG THIS QUARTER. y, atlach additional sheets.)
I DID NOT ENGAGE IN LOBBYING ACTIVIT	TY 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 9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b.\$
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ O
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ O 9d. \$ O
10. VERIFICATION	
I swear, or affirm, that all reasonable diligence was used in p best of my knowledge.  Move Connive a Conniversity of lobbyist	reparation of this form, and the contents are true and accurate to the
Signature of toobyist	
Subscribed and swom to me this swom to before me	
this Mothers day of Tabellacy, 26	8/9 ESTHER M. MARTINEZ NOTARY PUBLIC, STATE OF MI
Buttery your	COUNTY OF WAYNE MY COMMISSION EXPIRES MAY 25, 2021
Notary Public, Wayne County Michigan My Commission Expires: 23/25/2007	ACTING IN COUNTY OF Greene.
FOR OFFICIAL USE ONLY Amount of (en paid	The second control of

# CITY OF DETROIT OFFICE OF THE QUARTERLY REPORTDETROIT CITY CLERK TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING FIRE FROM) A 10 11

1. LOBBYIST'S NAME	2. LOBBYIS	T'8 ID NUMBER		
MARC R. CORRIVEAU	20	2017-15		
3. BUSINESS ADDRESS (Alt mail will be sent to this address)	4. TELEPHO	HE HUMBER(S)		
1 Ford PLACE 4 A/B	( <u>)                                  </u>	( )		
_ Detroit, MI 48202	313-8	16-8484		
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NUM	BER HAS CHANGED, CHECK BOX		
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPOR	रा		
8 14 2017	1ª Quarter (endino 3	months after annual registration)		
Month Day Year	Quarter (ending 6	months after annual registration)		
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		months after annual registration)  2 months after annual registration)		
7. NAME OF CLENT Henry Foad Healt	n System			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) THIS QUARTER				
I DID NOT ENGAGE IN LOSEYING ACTIVI	TY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH		
92. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER DIFORMATIONAL MATERIALS	Sa. \$	END OF THIS QUARTER		
9b. PAYMENTS TO OTHER PERSONS FOR LOBEYTHO	Bb. \$	\$b.\$		
9c. ALL OTHER LOBBYING EXPENDITURES	9c,\$	Sc. \$		
9d. TOTAL LOSSYING EXPENDITURES (TOTAL OF 84, 90, & 9c)	9d. \$	9d.\$		
10. VERIFICATION		<u> </u>		
I swear, or affirm, that all reasonable difigence was used in pleast of my knowledge.		ontents are true and accurate to the		
Type or print name of lobbytes				
Subscribed and swom to me this swom to before me				
this Q1/3± day of JNE, 2019  VERONICA B. MANEA  Notary Public, Wayne County, Michigan  My Commission Expires: 3-20-201  MY COMMISSION EXPIRES Mar 20, 2021				
To to heavily to the second of				

### CITY OF DETROIT OFFICE OF THE QUARTERLY REPORTROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THE FORT) A 10: 29

1. LOBBYIST'S NAME		2, LOBBY/ST'S ID	NUMBER
Marc R. Corriveau		2017-15	
BUSINESS ADDRESS (All mail will be sent to this address)		4. TELEPHONE NU	MBER(S)
1 Ford Place 4 A/B Detroit,MI 48202	_	(313) 876-	54 <del>8</del> 4( )
IF THIS ADDRESS HAS CHANGED, CHECK SOX	+	IF A NUMBER HA	S CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FO	R THIS REPORT	
<u>8</u> 14 2017	☐ 1 <sup>51</sup> Quar	ler (ending 3 month	s after annual registration)
Month Day Year	2nd Qua	ter (ending 6 month	ns after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		rter (ending 9 months after annual registration) rter (ending 12 months after annual registration)	
7. NAME OF CLIENT Henry Ford Health System			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DUR (Provide a brief description and, if necessar	ING THIS QUARTER. ry, attach additional sheet	s.)	
I DID NOT ENGAGE IN LOBBYING ACTIVI	TY DURING THIS QUAR	ER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING	QUARTER RE	GISTRATION DATE THROUGH
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER	9a, \$_0	9a.	END OF THIS QUARTER
INFORMATIONAL MATERIALS	9b. \$ 0	96.	ş O
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9c. \$ 0	9c.	
9c. ALL OTHER LOBBYING EXPENDITURES	0		
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ 0	9d.	ş <u> </u>
10. VERIFICATION			
I swear, or affirm, that all reasonable diligence was used in p best of my knowledge.	preparation of this for	m, and the contents	are true and accurate to the
Marc R. Corriveau			
Type or prior name of lobeyist	14		
Signally/e of lobbyist			
Subscribed and sworn to me this sworn to before me			
-/TH			
this 30 th relay of 00 to talk , 26	0/9	VERONIC	A.B. MANEA
Notary Public, Wayne County, Michigan		NOTARY PUB	LIC, STATE OF MI OF OAKLAND
My Commission Expires:		MY COMMISSION E ACTING IN COUNTY	EXPIRES Mar 20, 2021
FOR OFFICIAL USE ONLY:	Section 1		- W APNE
- Amount of fee paid: ## 2.5 Date of payment: Q 7			

CITY OF DETROIT OFFICE OF THE QUARTERLY REPORT DETROIT CITY CLERK
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING 2015-010) - 7 A 10: 29

1. LOBBYIST'S NAME		2. LOBBYIST'S ID NUMBER		
Marc R. Corriveau		2017-15		
BUSINESS ADDRESS (All mail will be sent to this address)		4. TELEPHONE NUMBER(S)		
1 Ford Place 4 A/B Detroit,MI 48202		03 876-8484 ( )		
IF THIS ADDRESS HAS CHANGED, CHECK BOX	+	IF A NUMBER HAS CHANGED, CHECK BOX		
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FO	R THIS REPORT		
8 14 2017	1st Quar	ter (ending 3 months after annual registration)		
Month Day Year	2nd Quai	rter (ending 6 months after annual registration)		
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		uarter (ending 9 months after annual registration) uarter (ending 12 months after annual registration)		
7. NAME OF CLIENT Henry Ford Health System		S-		
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DUR (Provide a brief description and, if necessar		s.)		
I DID NOT ENGAGE IN LOBBYING ACTIVI	TY DURING THIS QUART	TER.		
9. EXPENDITURES BY CATEGORY	THIS REPORTING			
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ 0	end of this quarter		
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0	9b. \$ O		
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0	9c. \$ O		
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d, \$ 0	9d. \$ O		
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.  Marc R. Corriveau  Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworm to me this sworm to before me  this POTH day of OCOOSTA, 2019  VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND MY COMMISSION EXPIRES Mar 20, 2021 ACTING IN COUNTY OF WAYNE				
FOR OFFICIAL USE ONLY:  Amount of fee paid:	ro	Date of payment 11.07.19		

OFFICE OF THE DETROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THE STORM ES -5 A 11: 38

1. LOBBYIST'S NAME	
M	2. LOBBYIST'S ID NUMBER
	2017-15
BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
1 Ford Place 4 AlB	(313)8768484
DetRoit, MI 48202	(30)0.001
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPORT
8 14 2017	M 400
Month Day Year	1st Quarter (ending 3 months after annual registration)  2nd Quarter (ending 6 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE	3rd Quarter (ending 9 months after annual registration)
ON REGISTRATION FORM)	4th Quarter (ending 12 months after annual registration)
7. NAME OF CLIENT Henry Ford He	alth System
8. DESCRIPTION   I ENGAGED IN LOBBYING ACTIVITY DUR	ING THIS OLIAPTED
OF LOBBYING  (Provide a brief description and, if necessar ACTIVITY DURING	y, atlach additional sheets.)
THIS QUARTER	
-	
I DID NOT ENGAGE IN LOBBYING ACTIVIT	TY 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	<u></u>
INFORMATIONAL MATERIALS	9a. \$ <u>O</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ O
- I	
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ O 9d. \$ O
10. VERIFICATION	
! swear, or affirm, that all reasonable dilinence was used in or	consection of the form
best of my knowledge.	eparation of this form, and the contents are true and accurate to the
MARC CORRIVEOU	
Type or print manne of hobbyist	***************************************
01/1-11 V.	OLGA J. KIOUSIS
Signature of lobbyist	COUNTY OF WAYNE
	My Commission Expires 08/20/2024 Acting in the County of A YNE
Subscribed and sworn to me this sworn to before me	g with country of LOA YNE
this 4th day of February 20	120
M. All Ediang ac	120
Olga & Junisis	
Notary Public, Wayne County, Michigan My Commission-Expires: AUGUST 20.20	n, I
	39
OR OFFICIAL USE ONLY:	Property of the state of the st
Amount of fee paid 🚺 🧳	Date of payment: 02 - 05 - 2020

### CITY OF DETROIT DETROIT CITY CLERK LOBBYIST REGISTRATION (PLEASE READ BOTH FRONT AND BACK COMPLETING THE ORIGIN -5 A II: 38

REGISTRANT'S NAME (Only one person may register with this form)	2. REGISTRANT'S ID NUMBER
MARC CORRIVEAU	
BUSINESS ADDRESS (All mail will be sent to this address)	2017-15
I Ford Place 4 A/B	4. TELEPHONE NUMBER(S)
Detroit, MI 48202	(313)8768484 (
5. TYPE OF LOBBYIST Registered lobbylst under Federal Law (Check all applicable boxes.)	2020
(Check all applicable boxes.)  Registered lobbyist under Michigan Law Registered lobbyist in other states (name state	stell:
A person anticipating expenditures of more that	in \$1,000 over the next twelve (12) months for
loodying all public officials	W St.
loboying a single public official	n \$250.00 over the next twelve (12) months for
(See definition of "lobbyist" on reverse)	
6. NAME AND ADDRESS OF CLIENT(S)	
Henry Ford Health System I Fond Place 4 AB	l.
1 Ford Place 4 A/B	
Detroit, MI 48202	
7. VERIFICATION	
I swear, or affirm, that:	
a) During one (1) year preceding this registration, I have not held the position of appointive officer, or any member of a board commission or officer.	Mayor, member of the City Council, City Clerk,
or by the 2012 Detroit City Charter or under the 1984 Detroit City Code or been a	
who provided services to the City pursuant to a personal services contract; and	bity appointee or City employee, or an individual
b) All reasonable diligence was used in preparation of this form, and the contents are to	rue and accurate to the best of my knowledge.
Marc Corriveau	
Type or print name of registrant	
-1/=1 D1/	
March 1 - a	- 1
Signature	
Subscribed and sworn to me this sworn to before me	
1 1/46	OLGA J. KIOUSIS TV PUBLIC - STATE OF MICHIGAN
und day of 1 COTA/11 a COTA/1	GOUNTY OF WAYNE
Organ & Rymins Acting in	the County of WAYNE
Notary/Public/Wayne County, Michigan	
My Commission Expires: August 20, 2024	
FOR OFFICIAL USE ONLY	
TOROFECIAL SOCIETY	
DATE OF ANNUAL REGISTRATION THIS REGISTATION IS VALID	
	Amount of tee paid 4 125
Vicini Oby Yes	<b>一种工作的</b>
Month Year Treatment of the Control	Date of Dayments And Day Dayments
Yes Mooth Day	

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

1. LOBBYIST'S NAME	2. LOBBYI	ST'S ID NUMBER
MARC CORRIVERY	2	017-15
3. BUSINESS ADDRESS (All mail will be sent to this address)		ONE NUMBER(S)
I Ford Place 4 AB		68484
_ DetRoit, MI 48202.	(50) 0 1	
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NU	MBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPO	
8 (4 17	15 Oyarter (anding 3	months offer annual as it was a
Month Day Year	2nd Quarter (ending t	months after annual registration)  months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	☐ 3 <sup>rt</sup> Quarter (ending 9	nonths after annual registration) 2 months after annual registration) 2 months after annual registration
7. NAME OF CLIENT Henry Ford Heal	th Sustem	S RX
8. DESCRIPTION OF LOBBYING ACTIVITY DURING ACTIVITY DURING	ING THIS QUARTER.	
ACTIVITY DURING	y, attach additional sheets.)	
THIS QUARTER I met with Mary	Sheffield And	Maurice Todd
to discuss plans to behalf of Henry For	build a parking	structure un
I DID NOT ENGAGE IN LOBBYING ACTIVIT	CON TROSPIADI,	
	T DORING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$ \ O	END OF THIS QUARTER
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$	9b. <b>\$</b>
9c. ALL OTHER LOBBYING EXPENDITURES		
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9c. \$	9c. \$ 9d. \$
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in probest of my knowledge.	eparation of this form, and the cor	ntents are true and accurate to the
- Marc Conrivor		
Type or print name of lobbyist		
01/2/1/	8	
Signature of lobbyist		-
Subscribed and swom to me this swom to before me		
this 24th day of June 20	20	
Elaine Coleman	ELAINE COLEM	IANI
Notary Public, Wayne County, Michlgan	NOTARY PUBLIC, STA	TE OF MI
My Commission Expires:	COUNTY OF WA  MY COMMISSION EXPIRE	YNE S Nov 2, 2020
OR OFFICIAL USE ONLY:		ayne.
Arround of tee paut 12	Date of payment	7,12.2020
	SHIRLS AND	

### OFFICE OF THE CITY OF DETROIT DETROIT CITY COMPYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM) 8/14/2020 REGISTRANT'S NAME (Only one person may register with this form) 2. REGISTRANT'S ID NUMBER orruleAu 2017-15 BUSINESS ADDRESS (Ail mail will be sent to this address) 4. TELEPHONE NUMBER(S) Ford Place 4AB 313, 876-8484 MI TYPE OF LOBBYIST Registered lobbyist under Federal Law (Check all applicable boxes.) Registered lobbyist under Michigan Law Registered lobbyist in other states (name state(s)): A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) NAME AND ADDRESS OF CLIENT(S) Henry Ford Health System
I Fond Place 44/B 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. Subscribed and swom to me this swom to before me **ZENORA HOUSTON** ICTARY PUBLIC, STATE OF M Notary Public, Wayne County, Michigan **COUNTY OF MACOMB** My Commission Expires: MY COMMISSION EXPIRES May 26, 2027 FOR OFFICIAL USE ONLY: DATE OF ANNUAL REGISTRATION THIS REGISTATION IS VALID:

### OFFICE OF THE CITY OF DETROIT DETROIT CITY CLERMARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT 2021 AUG (PEASEDEA) BY FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME		I'S ID NUMBER
MARC CORRIVEAU	20	117-15
<ol> <li>BUSINESS ADDRESS (All mail will be sent to this address)</li> </ol>	4. TELEPHO	NE NUMBER(S)
1 Ford Place 4 A/B	(3)3) 876	-8484
_ Detroit, MI 48202 .		
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NUMI	BER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPOR	रा
8 14 17	1st Quarter (ending 3	months after annual registration)
Month Day Year	2nd Quarter (ending 6	months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		months after annual registration) 2 months after annual registration)
7. NAME OF CLIENT Henry Fond Health	System	
8. DESCRIPTION OF LOBBYING (Provide a brief description and, if necessar	ING THIS QUARTER,	
ACTIVITY DURING	y, attach additional sheets.)	
THIS QUARTER		
I DID NOT ENGAGE IN LOBBYING ACTIVE	TY DURING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS,		END OF THIS QUARTER
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. \$	9d. \$
10. VERIFICATION	W	
I swear, or affirm, that all reasonable diligence was used in p best of my knowledge.	reparation of this form, and the cor	ntents are true and accurate to the
11 0		
Type or print prame of lobbyist		
10/11/11		
Signature of lobbyist		
		ISTOPHER O WALTZ
Subscribed and sworn to me this sworn to before me	Notary P	ublic - State of Michigan ounty of Macomb
this day of	My Commis	ssion Expires Aug 22, 2023
Church Blake	Acting in th	ne County of wayne
Notary Public, Wayne County, Michigan,		G 1815
My Commission Expires: 68/2003 08/2	2/2023	
FOR OFFICIAL USE ONLY!		
Amount of fee paid: 18 32	Date of paymen	1 08 -02-202

### OFFICE OF THE CITY OF DETROIT DETROIT CITY CLERKQUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT OF THE PROOF AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME		2. LOBBYIST	'S ID NUMBER
MARC CORRIVERY		201	7-15
3. BUSINESS ADDRESS (All mail will be sent to this address)			NE NUMBER(S)
1 Ford Place 4A/B		(313) 87	6-8484
Detroit, MI 48202.		,	,
IF THIS ADDRESS HAS CHANGED, CHECK BOX	1945-001-1-11-11-11-11-1	☐ IF A NUME	ER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	8. PERIOD FO	R THIS REPOR	T
8 14 17	☐ 1st Quar	ter (ending 3 r	months after annual registration)
Month Day Year	2nd Qua	rter (ending 6	months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)			months after annual registration) months after annual registration)
7. NAME OF CLIENT Henry Ford Hea	alth Sys	item	
8. DESCRIPTION OF LOBBYING ACTIVITY DURING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DUR (Provide a brief description and, if necessar	ING THIS QUARTER.		
I DID NOT ENGAGE IN LOBBYING ACTIVI	TY DURING THIS QUAR	TER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING	G QUARTER	REGISTRATION DATE THROUGH
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$		END OF THIS QUARTER  9a. \$
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.	9b. \$ 9b. \$		9b. \$
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 9c. \$		9c.\$
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)			9d. \$
10. VERIFICATION			
I swear, or affirm, that all reasonable diligence was used in pleast of my knowledge.  May R. Carrive au  Type or print hame of lobbyist	reparation of this for	rm, and the cor	ntents are true and accurate to the
Signature of lobbyist			STOPHER O WALTZ
Subsofibed and sworn to me this sworn to before me	1	Co	blic - State of Michigan unty of Macomb
this 8th day of April	1		cion Expires Aug 22, 2023 County of Layre
[hut 0 1.11]		, isting in the	oddiny of Manyant
Notary Public, Wayne County, Michigap My Commission Expires: 08/02/2023			
FOR OFFICIAL USB ONLY Amount of tee paid.	29	Date of paymer	1 69 02 2021

## OFFICE OF THE CITY OF DETROIT DETROIT CITY CLERIQUARTERLY REPORT TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT 2021 AUG - 2 (PL) SEREND BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME	2. LOBBYIST'S ID NUMBER	
MARC CORRIVEAU	2017-15	_ =
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)	
1 Ford Place 4 A/B	(313) 876-8484()	
_ Detroit, MI 48202		
IF THIS ADDRESS HAS CHANGED, CHECK BOX	IF A NUMBER HAS CHANGED, CHEC	X BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPORT	
8 14 17	1st Quarter (ending 3 months after annual re	gistration)
Month Day Year	2rd Quarter (ending 6 months after annual re 3rd Quarter (ending 9 months after annual re	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4th Quarter (ending 12 months after annual re	
7. NAME OF CLIENT HERRY Ford HER	alth System	
8. DESCRIPTION OF LOBBYING	ING THIS QUARTER.	
ACTIVITY DURING	y, augur audiburai sheets.)	
THIS QUARTER		
" /.		
I DID NOT ENGAGE IN LOBBYING ACTIVI	TY DURING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER REGISTRATION DA	TE TUROIICH
	END OF THIS C	
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. \$ 9d. \$	
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in	preparation of this form, and the contents are true and ac	curate to the
best of my knowledge.		
Type or print name of lobbyist		
Type or print name or loopyist	9	
Signature of lobbyisters 46 M		
Subscribed and sworn to me this sworn to before me	2.1	
this 29 day of July 20	MOTIVAL LUBRIC' 21VIE OL MI	
Benora Haust	COUNTY OF MACOMB MY COMMISSION EXPIRES Mar 26, 2	2027
Notary Public, Wayne County, Michigan My Commission Expires:	ACTING IN-COUNTY OF 12) au	ne
My Commission Expires: 5 26 130	<del></del>	F72 -9-1780 -02
FOR OFFICIAL USE ONLY:	Dale of payment: 2 8 - 0 2	70 2h
Amount of tee paid. # 2	Date of payment. Los No. 10	

#### **CITY OF DETROIT**

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

2021 AUG -2 P 2: 33 I		8/14/2021
1. LOBBYIST'S NAME	2. LOI	BBYIST'S ID NUMBER
MARC CORRIVEAU	6	2017-15
<ol><li>BUSINESS ADDRESS (All mail will be sent to this address)</li></ol>		EPHONE NUMBER(S)
1 Fond Place 44/B	(3(3)	8768484
Detroit, MIT 48202	1.2.7	
IF THIS ADDRESS HAS CHANGED, CHECK BOX	□ IF.	A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS I	REPORT
8 14 17	1st Quarter (end	ding 3 months after annual registration)
Month Day Year	2 <sup>nd</sup> Quarter (en	ding 6 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		ding 9 months after annual registration) ding 12 months after annual registration)
7. NAME OF CLIENT Henry Fond Her	1th System	
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DUF (Provide a brief description and, if necessary)	ry, ettach additional sheets.)	
I DID NOT ENGAGE IN LOBBYING ACTIV		
9. EXPENDITURES BY CATEGORY	THIS REPORTING QUART	FER REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$	t .
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. \$	9d. \$
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in plest of my knowledge.  Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this	) <u>21</u>	DENORA HOUSTON NOTARY PUBLIC, STATE OF MI COUNTY OF MACOMB COMMISSION EXPIRES Mar 26, 2027 TING IN COUNTY OF TWO AYME
FOR OFFICIAL USE ONLY	1216.25.77.72.25.25.25.2	ing a respective policy of the
Amount of fee paid:	Date of h	ayment 10% 07-202

### CITY OF DETROIT OFFICE OF THE OBBYIST REGISTRATION DETROIT CITY (CLARKED BOTH FRONT AND BACK COMPLETING THIS FORM) 8 14 2021

9601 1110	117/0001
1. REGISTRANTUSNEDE (Pay pass may register with this form)	2. REGISTRANT'S ID NUMBER
MARC CORRIVERY	2017-15
BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
1 Ford Place 4 A/B	(313)8768484
Detroity mt 48202	
5. TYPE OF LOBBYIST (Check all applicable boxes.)  Registered lobbyist under Michigan Law Registered lobbyist in other states (name stat A person anticipating expenditures of more th lobbying all public officials A person anticipating expenditures of more th lobbying a single public official (See definition of "lobbyist" on reverse)  6. NAME AND ADDRESS OF CLIENT(S)	nan \$1,000 over the next twelve (12) months for
Henry Ford Health System	^ .
Henry Ford Heath System I Ford Place	
Detro. +, MI 48262	
7. VERIFICATION	
I swear, or affirm, that:	
a) During one (1) year preceding this registration, I have not held the position of appointive officer, or any member of a board, commission or other voting body that is or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a 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 centents are	s established by either branch of City government City appointee or City employee, or an individual
Type or print name of negistrant  Signature  Subscribed and swom to me this sworn to before me	-
this 29 day of July 2021	ZENORA HOUSTON
Notary Public, Wayne County, Michigan	NOTARY PUBLIC, STATE OF MI COUNTY OF MACOMB
My Commission Expires: 3/26/2027	COMMISSION EXPIRES Mar 28, 2027 CTING IN COUNTY OF THE TOTAL AGE
	wayne out
FOR OFFICIAL USE ONLY:	
DATE OF ANNUAL REGISTRATION THIS REGISTATION IS VALUE.	#12年12月1日   1982年   19
	在基本的的基本中,1980年的美国企业的 <b>成</b> 位的主要企业的100
	Amount of fee had: 125
	2 / Amount of fee paid 45.

### CITY OF DETROIT

LOBBYIST REGISTRATIONICE OF THE PLEASE READ BOTH FRONT AND BACK COMPLETING FOR DITY CLERK

	8/14/2022
REGISTRANT'S NAME (Only one person may register with this form)	2022 NORGE TRANAS DE NUMBER
MARC CORRUCAN	2017-15
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
1 Ford PlACE YA/B	( )
Detructy MI 48202	1 1 1
locoying all public officials	igan Law tes (name state(s)): tres of more than \$1,000 over the next twelve (12) months for tres of more than \$250.00 over the next twelve (12) months for trese)
a) During one (1) year preceding this registration, I have not held the appointive officer, or any member of a board, commission or other votion by the 2012 Detroit City Charter or under the 1984 Detroit City Coowho provided services to the City pursuant to a personal services control by All reasonable diligence was used in preparation of this form, and the Type or print name of registrant  Signature  Subscribed and swom to me this swom to before me this	de, or been a City appointee or City employee, or an individual act; and
or by the 2012 Detroit City Charter or under the 1984 Detroit City Coc who provided services to the City pursuant to a personal services control of this form, and the Detroit City Pursuant to a personal services control of this form, and the Type or print name of registrant  Signature  Subscribed and swom to me this swom to before me this	CHRISTOPHER O WALTZ Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023
or by the 2012 Detroit City Charter or under the 1984 Detroit City Coo who provided services to the City pursuant to a personal services contrib.) All reasonable diligence was used in preparation of this form, and the Type or print name of registrant  Signature  Subscribed and swom to me this swcm to before me this	CHRISTOPHER O WALTZ Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of
or by the 2012 Detroit City Charter or under the 1984 Detroit City Cook who provided services to the City pursuant to a personal services control by All reasonable diligence was used in preparation of this form, and the Type or print name of registrant  Signature  Subscribed and swom to me this swom to before me this	CHRISTOPHER O WALTZ Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of
or by the 2012 Detroit City Charter or under the 1984 Detroit City Cook who provided services to the City pursuant to a personal services control by All reasonable diligence was used in preparation of this form, and the Type or print name of registrant  Signature  Subscribed and swom to me this swom to before me this	CHRISTOPHER O WALTZ Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of  Amount of fee paid:  Amount of fee paid:
or by the 2012 Detroit City Charter or under the 1984 Detroit City Cook who provided services to the City pursuant to a personal services control of the City pursuant to a pe	CHRISTOPHER O WALTZ Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of  S VALID:  Amount of ree paid: 127

QUARTER TO BE FILED BY REGISTERE	DETROIT  LY REPORT OFFICE OF THE  DLOBBYIST FOR EACH CLIENT  ACK BEFORE COMPLETING THIS FORM)  DUNK NOV PRICALE  DUNK NO
1. LOBBYIST'S NAME	2. LOBBYIST'S ID NUMBER
MARC CORRIVERY	2017-15
3. BUSINESS ADDRESS (All mail will be sent to this address)  1 Ford Place YYB  Detroit, WI 48202  IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) 313 18768484 1
5. DATE OF ANNUAL REGISTRATION  8	8. 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 Henry Fund +	tealth System
8. DESCRIPTION OF LOBBYING ACTIVITY DURING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DUI (Provide a brief description and, if necessary) I DID NOT ENGAGE IN LOBBYING ACTIV	RING THIS QUARTER. ary, attach additional sheets.)
9. EXPENDITURES BY CATEGORY  9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS  9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	THIS REPORTING QUARTER  9a. \$
I swear, or affirm, that all reasonable diligence was used in a best of my knowledge.  Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this	preparation of this form, and the contents are true and accurate to the
My Commission Expires: 08/22/2623 OR OFFICIAL USE ONLY Amount of legipaid: 4	The Date of payment 1 to 200 at 1

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### CITY OF DETROIT

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

14 2022 MONAMAN 28 MAR LOBBYIST'S NAME 2. LOBBYIST'S ID NUMBER MARC CORRIYEAU 2017-15 BUSINESS ADDRESS (All mail will be sent to this address) 4. TELEPHONE NUMBER(S) I FORD PIACE 4 AB BB187684841 Detroit, MI 48202 IF THIS ADDRESS HAS CHANGED, CHECK BOX IF A NUMBER HAS CHANGED, CHECK BOX DATE OF ANNUAL REGISTRATION PERIOD FOR THIS REPORT 8 1st Quarter (ending 3 months after annual registration) Month 2<sup>nd</sup> Quarter (ending 6 months after annual registration) 3rd Quarter (ending 9 months after annual registration) (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM) 4th Quarter (ending 12 months after annual registration) NAME OF CLIENT Henry Health Ford System DESCRIPTION I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. OF LOBBYING (Provide a brief description and, if necessary, attach additional sheets.) **ACTIVITY DURING** THIS QUARTER 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 ..... 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .... D 9c. ALL OTHER LOBBYING EXPENDITURES ..... 9c. \$ 0 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)..... 9d. \$ 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 CHRISTOPHER O WALTZ Notary Public - State of Michigan Type or print name of lobbyist County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of Wayne Signature of lobbyist Subscribed and sworn to me this sworn to before me day of Alaver Notary Public, Wayne County, Michigan My Commission Expires: FOR OFFICIAL USE ONLY Amount of fee paid: Date of payment:

### CITY OF DETROIT

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

Month Day Year   1st Q 2nd Q 4h Q	2. LOBBYIST'S ID NUMBER  2. LOBBYIST'S ID NUMBER  2. LOBBYIST'S ID NUMBER  3.07 - 15  4. TELEPHONE NUMBER(S)  (3.3) 8.768484 ( )  IF A NUMBER HAS CHANGED, CHECK BOX  DEFOR THIS REPORT  Quarter (ending 3 months after annual registration)  Quarter (ending 6 months after annual registration)  Quarter (ending 9 months after annual registration)  Quarter (ending 12 months after annual registration)
BUSINESS ADDRESS (All mail will be sent to this address)  1 Ford Place 4 AB  Detrot, MI 48202  IF THIS ADDRESS HAS CHANGED, CHECK BOX  DATE OF ANNUAL REGISTRATION  8. PERIOD  Month Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4. TELEPHONE NUMBER(S)  (313 ) 8 76 8 4 8 1
BUSINESS ADDRESS (All mail will be sent to this address)  1 Ford Place 4 Alb  Detrot, MI 48202  IF THIS ADDRESS HAS CHANGED, CHECK BOX  DATE OF ANNUAL REGISTRATION  8. PERIOD  Month Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4. TELEPHONE NUMBER(S)  (3/3) 8768484 ( )  IF A NUMBER HAS CHANGED, CHECK BOX  D FOR THIS REPORT  Quarter (ending 3 months after annual registration) Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
Detrot, MI 48202  IF THIS ADDRESS HAS CHANGED, CHECK BOX  DATE OF ANNUAL REGISTRATION  8. PERIOD  Month Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  NAME OF CLIENT	D FOR THIS REPORT  Quarter (ending 3 months after annual registration) Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
IF THIS ADDRESS HAS CHANGED, CHECK BOX  5. DATE OF ANNUAL REGISTRATION  8. PERIOD  Nonlh Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  4th Q	D FOR THIS REPORT  Quarter (ending 3 months after annual registration) Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
IF THIS ADDRESS HAS CHANGED, CHECK BOX  5. DATE OF ANNUAL REGISTRATION  8. PERIOD  Nonlh Day Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  4th Q	D FOR THIS REPORT  Quarter (ending 3 months after annual registration)  Quarter (ending 6 months after annual registration)  Quarter (ending 9 months after annual registration)
Month Day Year 1st Q 2nd	Quarter (ending 3 months after annual registration) Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
Month Day Year 2nd G  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  NAME OF CLIENT	Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  VALUE OF CLIENT	Quarter (ending 6 months after annual registration) Quarter (ending 9 months after annual registration)
ON REGISTRATION FORM) 4th Q	Quarter (ending 9 months after annual registration) Quarter (ending 12 months after annual registration)
. NAME OF CLIENT HEARY FORD HEALTH S.	
	ictem
DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER  I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER (Provide a brief description and, if necessary, attach additional st	
A. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS.  4. PAYMENTS TO OTHER PERSONS FOR LOBBYING.  5. ALL OTHER LOBBYING EXPENDITURES.  6. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).  7. SO 9c. \$ 9d. \$ 9d. \$	9c. \$
I swear, or affirm, that all reasonable diligence was used in preparation of this best of my knowledge.  Type or print name of lobbyist	
Signature of lobbyist	CHRISTOPHER O WALTZ Notary Public - State of Michigan
	County of Macomb My Commission Expires Aug 22, 2023
Subscribed and sworn to me this sworn to before me	Acting in the County of Washe
this 2134 day of Navember	
11 11.11	
Notary Public, Wayne County, Michigae My Commission Expires: 08 72 2023	

## CITY OF DETROIT OFFICE OF THE QUARTERLY REPORT DETROIT CITY CLERK

(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS TORM 28 A 8: 10

1. LOBBYIST'S NAME 2. LOBBYIST'S ID NUMBER MACC CORRIVEAU 2017-15 BUSINESS ADDRESS (All mail will be sent to this address) 4. TELEPHONE NUMBER(S) 1 Ford Place 4 A/B 13131876 8484 IF THIS ADDRESS HAS CHANGED, CHECK BOX ☐ IF A NUMBER HAS CHANGED, CHECK BOX DATE OF ANNUAL REGISTRATION PERIOD FOR THIS REPORT 14 1st Quarter (ending 3 months after annual registration) Month Day 2<sup>nd</sup> Quarter (ending 6 months after annual registration) 3rd Quarter (ending 9 months after annual registration) (DATE ENTERED BY CITY CLERK'S OFFICE 4th Quarter (ending 12 months after annual registration) ON REGISTRATION FORM) NAME OF CLIENT Henry Health System I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. DESCRIPTION OF LOBBYING (Provide a brief description and, if necessary, attach additional sheets.) **ACTIVITY DURING** Discussed possible new entrant into the THIS QUARTER P.A.C.E. programs in the city. 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 ...... 9h \$ 7500 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING...... 9c. ALL OTHER LOBBYING EXPENDITURES ..... 9d. \$ 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)...... 10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the CHRISTOPHER O WALTZ best of my knowledge. Notary Public - State of M. higan County of Macomu My Commission Expires Aug 22, 7023 Type or print name of lobbyist Acting in the County of Wayne Signature of lobbyist Subscribed and sworn to me this sworn to before me Notary c - State of ivhonigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of wayhe Notary Public, Wayne County, Michigan My Commission Expires: FOR OFFICIAL USE ONLY: Amount of fee pa

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

1. LOBBYIST'S NAME		2. LOBBYIST'S ID N	UMBER	1
MARC CORRIVEAU		2017-	াদ	
3. BUSINESS ADDRESS (All mail will be sent to this address)		4. TELEPHONE NUM		
One Ford PI 4 A/B	- 1	(313) 876-8	1484	
Detroit, MI 48202				
IF THIS ADDRESS HAS CHANGED, CHECK BOX		IF A NUMBER HAS	CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR	R THIS REPORT		
8 14 2017	1st Quarte	er (ending 3 months	after annual registration)	
Month Day Year	2nd Quart	ter (ending 6 months	s after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)			after annual registration) is after annual registration)	
7. NAME OF CLIENT				-
Henry Ford H	ealth Sy	sten		
8. DESCRIPTION I ENGAGED IN LOBBYING ACTIVITY DUF- OF LOBBYING (Provide a brief description and, if necessary)	grands leadingths abelia are	1		
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9. EXPENDITURES BY CATEGORY	THIS REPORTING		ISTRATION DATE THROUGH	
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REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	9a. \$	9a. \$_	^	-
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$	9b. \$.	0	
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$	9c.\$	0	
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d, \$	9d. \$	0	
10. VERIFICATION				
I swear, or affirm, that all reasonable diligence was used in	preparation of this form	n and the contents a	era true and accurate to the	
best of my knowledge.	proportion or ano total	n, and the contents o	to the distributions to file	
Marc Corrivea				
Type or print name of lobbyist		- projection		
			TAYLOR NEUMANN	
Signature of lobbyist		NOTAF	RY PUBLIC - STATE OF A COUNTY OF OAKLAN	
Subscribed and swom to me this swom to before me			nmission Expires Septemb	per 30, 202
10/	23	Acting	in the County of	yne
this day of october, 20	123			
Matery Dublic Mayor County Marks				
Notary Public, Wayne County, Michigan My Commission Expires: 9 - 3 o - 2 o 2 9				
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FOR OFFICIAL USE ONLY:  Amount of fee paid \$25	000	ate of payment:	1/2/23	63
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TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME	2. L	OBBYIST'S ID NUMBER
MARC CORRIVEAU		2017-15
BUSINESS ADDRESS (All mail will be sent to this address)		ELEPHONE NUMBER(S)
One Ford PI 4AB	(3)	31 876 - 8484
_ Detroit, MI 48202		
IF THIS ADDRESS HAS CHANGED, CHECK BOX		F A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION 8 14 2017	6. PERIOD FOR THIS	REPORT
	1st Quarter (e	nding 3 months after annual registration)
		anding 6 months after annual registration) nding 9 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4th Quarter (e	nding 9 months after annual registration)
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officials regarding logislative	and Adminis	tratule matters
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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. \$O
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$O	9d.\$
10. VERIFICATION	I	
i swear, or affirm, that all reasonable diligence was used in $\mathfrak p$ best of my knowledge.	preparation of this form, and	the contents are true and accurate to the
Marc/ Corrigren		i e i
Type or print name of lobbyist		
		The second secon
Signature of Jobbyist	TI-NI-NIL	TAYLOR NEUMANN NOTARY PUBLIC - STATE OF MICHIG
Subscribed and swom to me this sworn to before me		COUNTY OF OAKI AND
	2 2	My Commission Expires September 30, 20 Acting in the County of Wayne
this day of October , Zo	23	The county of vayne
Clay C		
Notary Public, Wayne County, Michigan  My Commission Expires: 9.30.29		
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FOR OFFICIAL USE ONLY: Amount of fee paid: \$25	Date of	payment, 11/2/2/25
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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	2. LC	OBBYIST'S ID NUMBER
MARC CORRIVEAU		2017-15
3. BUSINESS ADDRESS (All mall will be sent to this address)		LEPHONE NUMBER(S)
One Ford PI 4AB	(30	3 876-8484
_ Detrot, MI 48202	1	
IF THIS ADDRESS HAS CHANGED, CHECK BOX		A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS	REPORT
8 14 2017	1st Quarter (en	iding 3 months after annual registration)
Month Day Year		nding 6 months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		nding 9 months after annual registration) Iding 12 months after annual registration)
7. NAME OF CLIENT	200	
Henry Ford He	The state of the s	em
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officials regarding legislative	and adminis-	trative matters
I DID NOT ENGAGE IN LOBBYING ACTIV	ITY DURING THIS QUARTER.	
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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. \$	9d. \$
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in places to finy knowledge.	preparation of this form, and	the contents are true and accurate to the
Marc Country		
Type or print name of lobbyist		
		TAYLOR MELLO
Signature of hobbyist		NOTARY PUBLIC - STATE OF MICHIGAN
Subscribed and swom to me this sworn to before me		
this 24 day of october 2	023	My Commission Expires September 30 202 Acting in the County of W h y h <
C		
Notary Public, Walne County, Michigan My Commission Expires: 9-30-2029		
FOR OFFICIAL USE ONLY:		PARTY BELL BURNESS LAND
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TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME	2. LOBBYIST	'S ID NUMBER
MARC COTTIVERY	20	17-15
3. BUSINESS ADDRESS (All mail will be sent to this address)		NE NUMBER(S)
One Fond PI 4 A/B	(313) 87	6-8484
_ Detroit, MI 48202	1	V /
IF THIS ADDRESS HAS CHANGED, CHECK BOX	☐ IF A NUMB	ER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION	6. PERIOD FOR THIS REPOR	Т
8 14 2017	1st Quarter (ending 3 r	nonths after annual registration)
Month Day Year	2nd Quarter (ending 6	months after annual registration)
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	4th Quarter (ending 12	months after annual registration) months after annual registration)
7. NAME OF CLIENT Henry Ford He	alth System	
8. DESCRIPTION OF LOBBYING OF LOBBYING (Provide a brief description and, if necessar	ING THIS QUARTER.	
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Officials regarding legislative	AND HOLIMISTIA	We marrows.
I DID NOT ENGAGE IN LOBBYING ACTIVIT	TY DURING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY		
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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER	9a. \$	9a.\$
INFORMATIONAL MATERIALS	()	()
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. \$	9d. \$
10. VERIFICATION	-3         -  -  -  -	
I swear, or affirm, that all reasonable diligence was used in pubest of my knowledge.	reparation of this form, and the cont	tents are true and accurate to the
Type or print name of lobbyist		
		Take On Albandania
Signature of lobbyist	NOTAR'	TAYLOR NEUMANN Y PUBLIC - STATE OF MICHIGAN
Subscribed and sworn to me this sworn to before me		COUNTY OF OAKLAND
	2 7 My Come	mission Expires September 30, 2025
this day of october 20	C 3	The county of Mayore
( agt		
Notary Public, Wayne County, Michigan My Commission Expires: 9-30-2019		
	Co. De recinido Managamento Pare accesar a constante de la con	
FOR OFFICIAL USE ONLY: Amount of fee paid: 425	Date of payment:	11/2/23
Afficial of tea paig	Date of payment	ONLY THOUSAND TO THE

### CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM

REGISTRANT'S NAME (Only one person may register with this form)	0(14/a023
	2. REGISTRANT'S ID NUMBER
MARC CORRIVEAU	2017-15
3. BUSINESS ADDRESS (All mail will be sent to this address)	4. TELEPHONE NUMBER(S)
One Ford PI 4AB	(33)876-8484( )
Detroit, MI 48202	
loodying all public officials	re than \$250.00 over the next twelve (12) months for
6. NAME AND ADDRESS OF CLIENT(S)	
Henry Ford Health System	
1 Ford Place 4 A/B	
Detrot, MI 48202	
7. VERIFICATION	
I swear, or affirm, that:	
or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or bee 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	to a City appointee of City employee, or an individual
	are true and accurate to the best of my knowledge.
_ Marc / Corriver	are true and accurate to the best of my knowledge.
	are true and accurate to the best of my knowledge.
Type or print name of/registrant	TAYLOR NEUMANN
_ Marc / Corriver	TAYLOR NEUMANN NOTARY PUBLIC - STATE OF MICHIGA
Type or print name of/registrant	TAYLOR NEUMANN  NOTARY PUBLIC - STATE OF MICHIGA  COUNTY OF OAKLAND  My Commission Expires September 30, 20
Type or print name of registrant  Signature  Subscribed and sworn to me this sworn to before me	TAYLOR NEUMANN NOTARY PUBLIC - STATE OF MICHIGA COUNTY OF OAKLAND
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Type or print name of registrant  Signature  Subscribed and sworn to me this sworn to before me  this	TAYLOR NEUMANN NOTARY PUBLIC - STATE OF MICHIGA COUNTY OF OAKLAND My Commission Expires September 30, 20 Acting in the County of