

OFFICE OF THE
DETROIT CITY CLERK

2023 JAN -6 P 1:53

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) A'Lynne Boles Dukes	2. REGISTRANT'S ID NUMBER 2023-1
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3. BUSINESS ADDRESS (All mail will be sent to this address) 27777 Franklin Rd. #1150 Southfield, MI 48034	4. TELEPHONE NUMBER(S) (517) 899-3447 (248) 939-5800
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5. TYPE OF LOBBYIST (Check all applicable boxes.)

- Registered lobbyist under Federal Law
- 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)

6. NAME AND ADDRESS OF CLIENT(S)
**American Heart Association
7272 Greenville Ave.
Dallas, TX 75231**

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.

A'Lynne Boles Dukes

Type or print name of registrant

A'Lynne Boles Dukes
Signature

Subscribed and sworn to me this sworn to before me

this 10th day of Jan. 2023

Terri L. Sloan
Notary Public, Wayne County, Michigan
My Commission Expires: 8-3-2028

Terri L. Sloan
NOTARY PUBLIC - STATE OF MICHIGAN
County of Oakland
My Commission Expires August 3, 2028
Acting in the County of Wayne

FOR OFFICIAL USE ONLY:

DATE OF ANNUAL REGISTRATION
1 6 2023
Month Day Year

THIS REGISTRATION IS VALID:
From **1 6 2023**
Month Day Year
To **1 6 2024**
Month Day Year

Amount of fee paid: **\$125.00**
Date of payment: **1/6/2023**

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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)

2023 APR 10 A 10:00

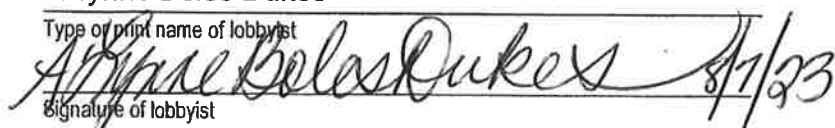
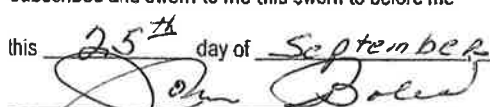
1. LOBBYIST'S NAME A'Lynne Boles Dukas		2. LOBBYIST'S ID NUMBER 2023-1																
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Rd. Ste. 530 Southfield, MI 48076		4. TELEPHONE NUMBER(S) (51) 899-3447																
<input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX																
5. DATE OF ANNUAL REGISTRATION <div style="display: flex; justify-content: space-around; align-items: center;"> <u>01</u> Month <u>06</u> Day <u>2023</u> 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 American Heart Association																		
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <p style="text-align: center; margin-top: 10px;">I scheduled and attended introductory meetings with Council Membe</p> <input 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="padding: 2px;">9a. \$ <u>0</u></td> <td style="padding: 2px;">9a. \$ _____</td> </tr> <tr> <td style="padding: 2px;">9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="padding: 2px;">9b. \$ <u>3,000</u></td> <td style="padding: 2px;">9b. \$ _____</td> </tr> <tr> <td style="padding: 2px;">9c. ALL OTHER LOBBYING EXPENDITURES</td> <td style="padding: 2px;">9c. \$ <u>0</u></td> <td style="padding: 2px;">9c. \$ _____</td> </tr> <tr> <td style="padding: 2px;">9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....</td> <td style="padding: 2px;">9d. \$ <u>3,000</u></td> <td style="padding: 2px;">9d. \$ _____</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. \$ <u>0</u>	9a. \$ _____	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>3,000</u>	9b. \$ _____	9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>0</u>	9c. \$ _____	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>3,000</u>	9d. \$ _____
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>3,000</u>	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 best of my knowledge. A'Lynne Boles Dukas Type or print name of lobbyist Signature of lobbyist Subscribed and sworn to me this sworn to before me This <u>5th</u> day of <u>April</u> <u>2023</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>4/27/23</u>																		
FOR OFFICIAL USE ONLY: Amount of fee paid: <u>\$25.00</u> Date of payment: <u>4/10/23</u>																		

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#4146



**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 A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, Mi 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (517) 899-3447 (248) 936-5755 <input checked="" type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION 04 10 2023 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 American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between;"> <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: 80%;"> <p style="text-align: center;">I provided educational information to Councilmembers regarding a F</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 20%;"> <input 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. \$ _____	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ <u>3,000</u>	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>3,000</u>	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 best of my knowledge. A'Lynne Boles Dukes Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>25th</u> day of <u>September</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>Nov. 27, 2023</u>			
JOHN BOLES NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF EATON My Commission Expires November 27, 2023 Acting in the County of <u>Eaton</u>		FOR OFFICIAL USE ONLY: Amount of fee paid: <u>\$25.00</u> Date of payment: <u>11/1/23</u> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">KW</div>	

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 A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Southfield, MI 48034 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <div style="display: flex; justify-content: space-around; align-items: center;"> 07 9 2024 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input 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 American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 25%;"> <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: 75%;"> Individual Meetings with Councilmembers regarding Complete street </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	9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 5,000	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 5,000	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 10,000	9d. \$ 0
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. A'Lynne Boles Dukes Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 11 day of July 2024  Notary Public, Wayne County, Michigan My Commission Expires: 11/27/29			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: \$ 25.00		Date of payment: 7/18/24	

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CITY OF DETROIT QUARTERLY REPORT

RECEIVED SEP 17 2024

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

1. LOBBYIST'S NAME A'Lynne Boles Duker		2. LOBBYIST'S ID NUMBER 2023-1							
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Southfield, MI 48034 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <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%;">Sept</td> <td style="text-align: center; width: 33%;">12</td> <td style="text-align: center; width: 33%;">2023</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)		Sept	12	2023	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)	
Sept	12	2023							
Month	Day	Year							
7. NAME OF CLIENT American Heart Association									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) Meeting with Councilmembers. Attend District and community meeti <input 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. \$ 3,000	9b. \$ 9,000						
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 3,000	9d. \$ 9,000						
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. A'Lynne Boles Duker Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this _____ day of _____ 2024 this <u>16</u> day of <u>September</u> 2024  Notary Public, <u>Wayne County</u> , Michigan <u>EATON CO.</u> My Commission Expires: <u>11/27/29</u>									
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 9/17/24 KW									

CITY OF DETROIT LOBBYIST REGISTRATION

RECEIVED SEP 17 2024

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

1. REGISTRANT'S NAME (Only one person may register with this form) A'Lynne Boles Dukes	2. REGISTRANT'S ID NUMBER 2023-1
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, MI 48034	4. TELEPHONE NUMBER(S) (517) 899-3447 () _____

5. TYPE OF LOBBYIST (Check all applicable boxes.)

- Registered lobbyist under Federal Law
- 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)

6. NAME AND ADDRESS OF CLIENT(S)
 American Heart Association
 7272 Greenville Ave, Dallas, Texas 75231

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.

A'Lynne Boles Dukes
 Type or print name of registrant

A'Lynne Boles Dukes
 Signature

Subscribed and sworn to me this 11th day of September 2024

[Signature]
 Notary Public, Wayne County, Michigan
 My Commission Expires: 11/27/29

FOR OFFICIAL USE ONLY:

DATE OF ANNUAL REGISTRATION <u>1</u> <u>9</u> <u>2024</u> Month Day Year	THIS REGISTRATION IS VALID: From <u>1</u> <u>9</u> <u>2024</u> Month Day Year To <u>1</u> <u>9</u> <u>2025</u> Month Day Year	Amount of fee paid: <u>\$125.00</u> Date of payment: <u>9/17/24</u>
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K6

RECEIVED SEP 17 2024

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 A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, MI <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (513) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>April 12 2024</u> 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 American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) Councilmember Meetings. District Meetings <input 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. \$ 3,000	9b. \$ 3,000
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 3,000	9d. \$ 3,000
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. A'Lynne Boles Dukes Type or print name of lobbyist <u><i>A'Lynne Boles Dukes</i></u> Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>11th</u> day of <u>sept.</u> , 20 <u>24</u> <u><i>John Brown</i></u> Notary Public, Wayne County, Michigan <u>ENTIRE CO.</u> My Commission Expires: <u>11/27/20</u>			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 9/17/24 KK			

CITY OF DETROIT QUARTERLY REPORT

RECEIVED SEP 17 2024


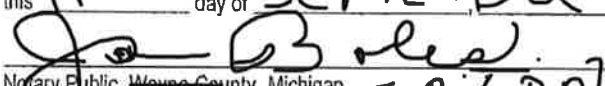
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, MI 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION Jul 12 2024 <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 American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 25%;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> </div> <div style="width: 75%;"> Meeting with Councilmembers. Attend District and community Meeti </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. \$ _____	9a. \$ _____	
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9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ _____	9c. \$ _____	
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 3,000	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 best of my knowledge. A'Lynne Boles Dukes Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 11 th day of September, 2024  Notary Public, Wayne County, Michigan EAT. J Co. My Commission Expires: 11/27/29			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: \$ 25.00		Date of payment: 9/17/24	

KW

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 A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1			
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, Mi 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX			
5. DATE OF ANNUAL REGISTRATION Sept 11 2024 <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 American Heart Association					
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> Councilmember Meetings. District and Community Meetings <input 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. \$ _____		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 best of my knowledge. A'Lynne Boles Dukes <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small> Subscribed and sworn to me this sworn to before me this 11 th day of September 2024  <small>Notary Public, Wayne County, Michigan</small> My Commission Expires: 11/27/29 <small>E.A. DON</small>					
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 9/17/24 <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">KW</div>					