
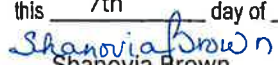
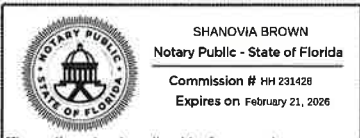


# CITY OF DETROIT QUARTERLY REPORT

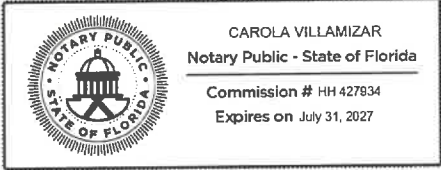
RECEIVED DEC 02 2024

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

<b>1. LOBBYIST'S NAME</b> Erica Simpson		<b>2. LOBBYIST'S ID NUMBER</b> 2024-12	
<b>3. BUSINESS ADDRESS</b> (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		<b>4. TELEPHONE NUMBER(S)</b>  (212) 867-9090 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> August 07 2024 <small>Month Day Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> General Retirement System of the City of Detroit ; Police and Fire Retirement System of the City of Detroit			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
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
<b>10. VERIFICATION</b>  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  this 7th day of November, 2024  Shanovia Brown Notary Public, Wayne County, Michigan State of Florida, Miami Dade County My Commission Expires: 02/21/2026			
<div style="text-align: right;">  </div> 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 Type of Identification Produced: DRIVER LICENSE Notarized remotely online using communication technology via Proof.			
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: \$ 25.00 Date of payment: 12/2/24 <div style="text-align: center; color: red; font-weight: bold; font-size: 2em;">KJ</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)

<b>1. LOBBYIST'S NAME</b> Erica Simpson		<b>2. LOBBYIST'S ID NUMBER</b> 2024-12	
<b>3. BUSINESS ADDRESS</b> (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		<b>4. TELEPHONE NUMBER(S)</b> (212) 867- 9090 (    ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> August            07            2024 Month                Day                Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b>  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)		
<b>7. NAME OF CLIENT</b> General Retirement System of the City of Detroit ; Police and Fire Retirement System of the City of Detroit			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>			
<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.			
<b>9. EXPENDITURES BY CATEGORY</b>	<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>	
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	
<b>10. VERIFICATION</b>  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.  <u>Erica Simpson</u> Type or print name of lobbyist  <u>Erica H. Simpson</u> Signature of lobbyist  Subscribed and sworn to me this sworn to before me  this <u>13th</u> day of <u>January</u> , 2025   Notary Public, <u>Wayne</u> County, <u>Michigan</u> <u>or</u> Florida My Commission Expires: <u>07/31/2027</u> Notarized remotely online using communication technology via Proof.			
<b>FOR OFFICIAL USE ONLY</b>			
Amount of fee paid: <u>\$25.00</u>		Date of payment: <u>1/17/25</u>	

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

<b>1. LOBBYIST'S NAME</b> Erica Simpson	<b>2. LOBBYIST'S ID NUMBER</b> 2024-12
<b>3. BUSINESS ADDRESS</b> (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	<b>4. TELEPHONE NUMBER(S)</b> ( ) 212-867-9090 ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

**5. NAME AND ADDRESS OF CLIENT(S)**

Effective January 10, 2025, I do not represent the following client(s):

Effective as of 06/29/2021  
 Police and Fire Retirement System of the City of Detroit  
 500 Woodward Avenue, Suite 3000  
 Detroit, MI 48226

Effective as of 02/20/2020  
 General Retirement System of the City of Detroit  
 500 Woodward Avenue, Suite 3000  
 Detroit, MI 48226

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.

**Erica Simpson**  
 Type or print name of lobbyist

*Erica H. Simpson*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 13th day of January, 2025

*Carola Villamizar*  
 Notary Public, ~~Miami-Dade~~ Wayne County, ~~Michigan~~ Florida  
 My Commission Expires: 07/31/2027  
 Notarized remotely online using communication technology via Proof.



CAROLA VILLAMIZAR  
Notary Public - State of Florida  
Commission # HH 427934  
Expires on July 31, 2027

**FOR OFFICIAL USE ONLY**

Amount of fee paid: \$15.00 Date of payment: 1/17/25

*KW*