

OFFICE OF THE
DETROIT CITY CLERK

2023 JAN -b 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
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
5. TYPE OF LOBBYIST (Check all applicable boxes.) <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____ <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)		
6. NAME AND ADDRESS OF CLIENT(S) 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.		
<p>A'Lynne Boles Dukes</p> <p>Type or print name of registrant</p> <p><i>A'Lynne Boles Dukes</i></p> <p>Signature</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this <u>10th</u> day of <u>Jan.</u> 2023</p> <p>Notary Public, Wayne County, Michigan My Commission Expires: <u>8-3-2028</u></p> <p>Terri L. Sloan NOTARY PUBLIC - STATE OF MICHIGAN County of Oakland My Commission Expires August 3, 2028 Acting in the County of Wayne</p>		

FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION 1 6 2023	THIS REGISTRATION IS VALID: From 1 6 2023 To 1 6 2024	Amount of fee paid: \$125.00 Date of payment: 1/6/2023
Month 1	Day 6	Year 2023
Month 1	Day 6	Year 2024

KN

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 10:12

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 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 01 06 2023	Month 01	Day 06	Year 2023
(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 I scheduled and attended introductory meetings with Council Members			
<input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <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. \$ 0	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 3,000	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 3,000	9d. \$ _____
10. VERIFICATION			
<p>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.</p> <p>A'Lynne Boles Dukes</p> <p>Type or print name of lobbyist</p> <p><i>A'Lynne Boles Dukes</i> Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>On this <u>5th</u> day of <u>April</u>, <u>2023</u></p> <p><i>A'Lynne Boles</i> Notary Public, Wayne County, Michigan My Commission Expires: <u>11/27/23</u></p> <p>NOTE: I, the Notary Public, do solemnly swear and declare that I have read the foregoing statement and that to the best of my knowledge, the same is true and accurate. My Commission Expires: April 27, 2023 Acting in the County of <u>EATON</u></p>			
FOR OFFICIAL USE ONLY:		Amount of fee paid: \$25.00	Date of payment: 4/10/23

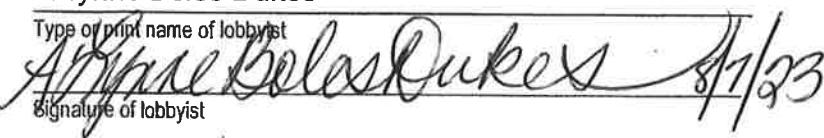
K

#4146

RECEIVED NOV 01 2023

**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		4. TELEPHONE NUMBER(S) 517899-3447, 241936-5755
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input checked="" type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION 04 10 2023 Month Day Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		
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.) I provided educational information to Councilmembers regarding a F	
<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. \$ <u> </u>	9a. \$ <u> </u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>3,000</u>	9b. \$ <u> </u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u> </u>	9c. \$ <u> </u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).	9d. \$ <u>3,000</u>	9d. \$ <u> </u>
10. VERIFICATION		
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.		
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> <u>2023</u>		
Notary Public, Wayne County, Michigan My Commission Expires: <u>Nov. 27, 2023</u>		
FOR OFFICIAL USE ONLY:		
Amount of fee paid: <u>\$25.00</u>		
Date of payment: <u>11/1/23</u>		

JOHN BOLES
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF EATON
My Commission Expires November 27, 2028
Acting in the County of EATON

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		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 07 9 2024 Month Day Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)		
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.) Individual Meetings with Councilmembers regarding Complete street <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. \$ <u>0</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ <u>5,000</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>5,000</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>10,000</u>	9d. \$ <u>0</u>
10. VERIFICATION			
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.			
A'Lynne Boles Dukes			
Type or print name of lobbyist			
<u>A'Lynne Boles Dukes</u>			
Signature of lobbyist			
Subscribed and sworn to me this sworn to before me			
this <u>11</u> day of <u>July</u> , <u>2024</u>			
Notary Public, Wayne County, Michigan			
My Commission Expires: <u>1/27/29</u>			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: \$ 25.00		Date of payment: 7/18/24	

**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		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 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)	
7. NAME OF CLIENT American Heart Association		
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER Meeting with Councilmembers. Attend District and community meetings.	<input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <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 Dukes Type or print name of lobbyist <u>A'Lynne Boles Dukes</u> Signature of lobbyist		
Subscribed and sworn to me this sworn to before me this <u>17</u> day of <u>September</u> <u>2024</u>		
Notary Public, <u>Wayne County, Michigan</u> My Commission Expires: <u>11/27/29</u>		
FOR OFFICIAL USE ONLY: <u>\$ 25.00</u> Amount of fee paid: <u>9/17/24</u> Date of payment: <u>9/17/24</u>		

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CITY OF DETROIT
LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

RECEIVED SEP 17 2024

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.) <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input checked="" type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)	
6. NAME AND ADDRESS OF CLIENT(S) 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	
 Signature	
Subscribed and sworn to me this sworn to before me this <u>11</u> day of <u>September</u> 2024  Notary Public, Wayne County, Michigan My Commission Expires: <u>11/27/29</u>	

DATE OF ANNUAL REGISTRATION 1 9 2024	THIS REGISTRATION IS VALID: From 1 9 2024 To 1 9 2025	Amount of fee paid: \$125.00 Date of payment: 9/17/24
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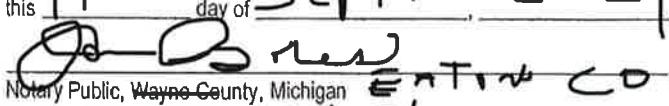
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RECEIVED SEP 17 2024

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		4. TELEPHONE NUMBER(S) (51) 899-3447 ()
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION April 12 2024 Month Day Year	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		
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 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		
 <small>Signature of lobbyist</small>		
Subscribed and sworn to me this sworn to before me this 11th day of sept. 2024		
 <small>Notary Public, Wayne County, Michigan</small> <small>My Commission Expires: 11/27/20</small>		
FOR OFFICIAL USE ONLY:		
Amount of fee paid: \$25.00		
Date of payment: 9/17/24		

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		4. TELEPHONE NUMBER(S) (513) 899-3447 ()
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION Jul 12 2024 Month Day Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		
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> Meeting with Councilmembers. Attend District and community Meetings. <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.	
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 3,000
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 3,000
REGISTRATION DATE THROUGH END OF THIS QUARTER		
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 best of my knowledge.		
A'Lynne Boles Dukes <hr/> Type or print name of lobbyist A'Lynne Boles Dukes <hr/> Signature of lobbyist		
Subscribed and sworn to me this sworn to before me this <u>11th</u> day of <u>September</u> , <u>2024</u> <u>Sept. 11, 2024</u> Notary Public, Wayne County, Michigan <u>EAT. J CO.</u> My Commission Expires: <u>11/27/29</u>		
FOR OFFICIAL USE ONLY: <u>KN</u> Amount of fee paid: <u>\$ 25.00</u> Date of payment: <u>9/17/24</u>		

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 48034		4. TELEPHONE NUMBER(S) (51) 899-3447 ()	
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION Sept 11 2024 <hr/> 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)		
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 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			
Type or print name of lobbyist			
<i>A'Lynne Boles Dukes</i>			
Signature of lobbyist			
Subscribed and sworn to me this sworn to before me			
this <u>11th</u> day of <u>September</u> <u>2024</u>			
<i>Joe Boles</i>			
Notary Public, Wayne County, Michigan My Commission Expires: <u>1/27/29</u>			
FOR OFFICIAL USE ONLY:		Amount of fee paid \$ 25.00	
		Date of payment 9/17/24	

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RECEIVED MAR 31 2025

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 #507, Southfield, MI 48076		4. TELEPHONE NUMBER(S) 511-899-3447
<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 01 12 2025 <small>Month Day Year</small>	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 Meetings with Councilmembers regarding Complete Streets and Par	<input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small>	
<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. \$ 100	9a. \$ 100
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING	9b. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)	9d. \$ 100	9d. \$ 100
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 A'Lynne Boles Dukes Signature of lobbyist		
Subscribed and sworn to me this <u>27</u> day of <u>March</u> <u>2025</u>		
Notary Public, Wayne County, Michigan My Commission Expires November 27, 2029 Acting in the County of <u>Eaton</u>		
JOHN BOLES NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF EATON My Commission Expires November 27, 2029 Acting in the County of <u>Eaton</u>		
FOR OFFICIAL USE ONLY 25.00 K		
3/31/25		

CITY OF DETROIT
QUARTERLY REPORT

RECEIVED JUN 16 2025

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, suite #570 Southfield, MI 48076	4. TELEPHONE NUMBER(S) 51 • 899-3447 _____ IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION January 12 2025 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	I ENGAGED IN LOBBYING ACTIVITY DURING (Provide a brief description and, if necessary, Meetings with Councilmembers and Council staff regarding AHA pol DURING THIS QUARTER. I DID NOT ENGAGE IN LOBBYING ACTIVITY	
9. EXPENDITURES BY CATEGORY		
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS 	THIS REPORTING QUARTER 9a. \$ <u>500</u>	REGISTRATION DATE THROUGH END OF THIS QUARTER \$ <u>600</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING. 	9b. \$ <u>0</u>	9c. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES 	9c. \$ <u>500</u>	9b. \$ <u>500</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c). 	\$ <u>1,000</u>	\$ <u>1,100</u>

10. VERIFICATION

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

Type or print name of lobbyist

A'Lynne Boles Dukes

Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this

day of

JOHN BOLES
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF EATON
My Commission Expires November 27, 2025
Acting in the County of Eaton

Notary Public, Wayne County, Michigan

My Commission Expires:

11/27/29

A'Lynne Boles Dukes

FOR OFFICIAL USE ONLY:

Amount of fee paid:

\$25.00

Date of payment:

6/16/25

**CITY OF DETROIT
QUARTERLY REPORT**

Each person completing this form should become familiar with the following provisions of the 1984 Detroit City Code:

Sec. 2-6-35. Lobbying registration and reporting.

(b) Each lobbyist shall file a report of his or her lobbying activity with the Office of the City Clerk on a quarterly basis, which shall be calculated from the date of registration. Any document that is filed by a lobbyist is deemed to be a public record and shall be published electronically on the World Wide Web, or other format, as to provide remote or online access to the reports.

Sec. 2-6-71. Prohibition on gifts and gratuities; exceptions.

(a) A public servant shall not accept gifts, gratuities, honoraria, or other things of value from any person or entity doing business or seeking to do business with the City, is seeking official action from the City, has interests that could be substantially affected by the performance of the public servant's official duties, or is registered as a lobbyist under applicable law and Section 2-6-35 of this Code.

(b) The prohibition in Subsection (a) of this section shall not apply:

(1) To an award publicly presented to a public servant by an individual, governmental body or non-governmental entity or organization in recognition of public service;

(2) To complimentary copies of trade publications, books, reports, pamphlets, calendars, periodicals or other informational materials;

(3) To a gift received from a public servant's immediate family member or relative, provided, that the immediate family member or relative is

**CITY OF DETROIT
QUARTERLY REPORT**

RECEIVED OCT 06 2025

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 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 January 10 2025 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)	
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> Meetings with CCM on: Complete Streets, Coffee and Crumpets and <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. \$ <u>0</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>150.00</u>	9b. \$ <u>1,100.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ <u>100.00</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>250.00</u>	9d. \$ <u>1,350.00</u>
10. VERIFICATION		
<p>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.</p> <p>A'Lynne Boles Dukes</p> <p>Type or print name of lobbyist</p> <p><i>A'Lynne Boles Dukes</i></p> <p>Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this <u>06</u> day of <u>September</u>, <u>2025</u></p> <p><i>John Dole</i></p> <p>Notary Public, Wayne County, Michigan My Commission Expires: <u>Nov 27, 2029</u></p>		
<p>FOR OFFICIAL USE ONLY:</p> <p>Amount of fee paid: \$ 25.00</p> <p>Date of payment: 10/6/25</p> <p style="text-align: center;"><i>K.</i></p>		

**CITY OF DETROIT
QUARTERLY REPORT**

RECEIVED JAN 12 2026

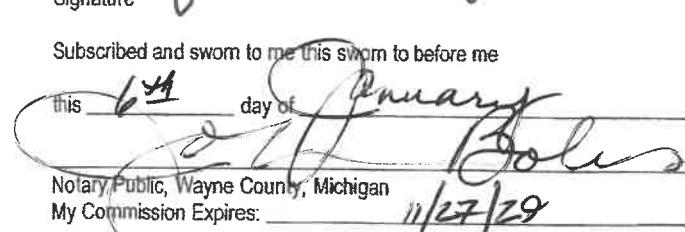
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

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 48076		4. TELEPHONE NUMBER(S) 51899-3447 ()	
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION 12 29 2026 Month Day Year		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)	
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)			
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.) <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. \$ <u>0</u>	9a. \$ <u>600</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ <u>0</u>	9b. \$ <u>500</u>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)		9d. \$ <u>0</u>	9d. \$ <u>1,100</u>
10. VERIFICATION			
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.			
A'Lynne Boles Dukes			
Type or print name of lobbyist			
<u>A'Lynne Boles Dukes</u>			
Signature of lobbyist			
Subscribed and sworn to me this sworn to before me			
this <u>6th</u> day of <u>January</u> <u>2026</u>			
Notary Public, Wayne County, Michigan My Commission Expires November 27, 2026 Acting in the County of <u>Eaton</u>			
FOR OFFICIAL USE ONLY			
Amount of fee paid <u>\$25.00</u>		Date of payment <u>1/12/26</u>	

RECEIVED JAN 12 2026

**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
3. BUSINESS ADDRESS (All mail will be sent to this address) 2515 Victor Ave., Lansing, MI 48911	4. TELEPHONE NUMBER(S) (517) 899-3447
5. TYPE OF LOBBYIST (Check all applicable boxes.)	<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____ <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input checked="" type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)
6. NAME AND ADDRESS OF CLIENT(S) American Heart Association, Redeem Detroit, Detroit Change Initiative, and Michigan Roundtable for Just Communities.	
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  Signature	
Subscribed and sworn to me this sworn to before me  this <u>6</u> day of <u>January</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>1/27/29</u>	
JOHN BOLES NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF EATON My Commission Expires November 27, 2029 Acting in the County of <u>Eaton</u>	

FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION 1 12 2026 Month Day Year	THIS REGISTRATION IS VALID: 1 12 2026 From Month Day Year 1 12 2027 To Month Day Year	Amount of fee paid: \$125.00 Date of payment: 1/12/26

Kw