

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)<br><b>A'Lynne Boles Dukes</b>                        | 2. REGISTRANT'S ID NUMBER<br><b>2023-1</b>                     |
| 3. BUSINESS ADDRESS (All mail will be sent to this address)<br><b>27777 Franklin Rd. #1150<br/>Southfield, MI 48034</b> | 4. TELEPHONE NUMBER(S)<br><b>(517) 899-3447 (248) 939-5800</b> |

|  |   |
|--|---|
| 5. TYPE OF LOBBYIST<br>(Check all applicable boxes.) | <input type="checkbox"/> Registered lobbyist under Federal Law<br><input type="checkbox"/> Registered lobbyist under Michigan Law<br><input type="checkbox"/> Registered lobbyist in other states (name state(s)):<br><input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials<br><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<br>(See definition of "lobbyist" on reverse) |
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| 6. NAME AND ADDRESS OF CLIENT(S)<br><b>American Heart Association<br/>7272 Greenville Ave.<br/>Dallas, TX 75231</b> |
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|---|
| 7. VERIFICATION   |
| I swear, or affirm, that:<br><br>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<br><br>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 \_\_\_\_\_ day of \_\_\_\_\_, 2023

this 16th 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<br><b>1 6 2023</b><br>Month Day Year | THIS REGISTRATION IS VALID:<br>From <b>1 6 2023</b><br>Month Day Year<br>To <b>1 6 2024</b><br>Month Day Year | Amount of fee paid: <b>\$125.00</b><br>Date of payment: <b>1/6/2023</b> |
|--|---|---|

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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 10:10

| <b>1. LOBBYIST'S NAME</b><br><b>A'Lynne Boles Dukes</b>  |   | <b>2. LOBBYIST'S ID NUMBER</b><br><b>2023-1</b>   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
|--|---|---|--|------------------------|---|-----------------|--------------|---------------------|--------------|-----------------|--------------|---------------------|--------------|
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><b>26555 Evergreen Rd. Ste. 530 Southfield, MI 48076</b>   |   | <b>4. TELEPHONE NUMBER(S)</b><br><b>(51) 899-3447</b>   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX   |   | <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"> <span><u>01</u><br/>Month</span> <span><u>06</u><br/>Day</span> <span><u>2023</u><br/>Year</span> </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  |   | <b>6. PERIOD FOR THIS REPORT</b><br><input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration)<br><input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration)<br><input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration)<br><input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)  |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <b>7. NAME OF CLIENT</b><br><b>American Heart Association</b>  |   |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b><br><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br>(Provide a brief description and, if necessary, attach additional sheets.)<br><p style="text-align: center;"><b>I scheduled and attended introductory meetings with Council Membe</b></p> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. |   |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <b>9. EXPENDITURES BY CATEGORY</b>   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">THIS REPORTING QUARTER</th> <th style="width: 50%;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">9a. \$ <u>0</u></td> <td style="padding: 2px;">9a. \$ _____</td> </tr> <tr> <td style="padding: 2px;">9b. \$ <u>3,000</u></td> <td style="padding: 2px;">9b. \$ _____</td> </tr> <tr> <td style="padding: 2px;">9c. \$ <u>0</u></td> <td style="padding: 2px;">9c. \$ _____</td> </tr> <tr> <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. \$ <u>0</u> | 9a. \$ _____ | 9b. \$ <u>3,000</u> | 9b. \$ _____ | 9c. \$ <u>0</u> | 9c. \$ _____ | 9d. \$ <u>3,000</u> | 9d. \$ _____ |
| THIS REPORTING QUARTER   | REGISTRATION DATE THROUGH END OF THIS QUARTER |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9a. \$ <u>0</u>  | 9a. \$ _____                                  |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9b. \$ <u>3,000</u>  | 9b. \$ _____                                  |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9c. \$ <u>0</u>  | 9c. \$ _____                                  |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9d. \$ <u>3,000</u>  | 9d. \$ _____                                  |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....  |   | 9a. \$ _____  |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....  |   | 9b. \$ _____  |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9c. ALL OTHER LOBBYING EXPENDITURES .....  |   | 9c. \$ _____  |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....   |   | 9d. \$ _____  |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <b>10. VERIFICATION</b><br>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.<br><b>A'Lynne Boles Dukes</b><br>Type or print name of lobbyist<br><br>Signature of lobbyist<br>Subscribed and sworn to me this _____ day of _____, 2023.<br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires: <u>4/27/23</u>     |   |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FOR OFFICIAL USE ONLY:</b><br/>           Amount of fee paid: <b>\$25.00</b> </div> <div>           Date of payment: <b>4/10/23</b> </div> </div>  |   |   |  |                        |   |                 |              |                     |              |                 |              |                     |              |

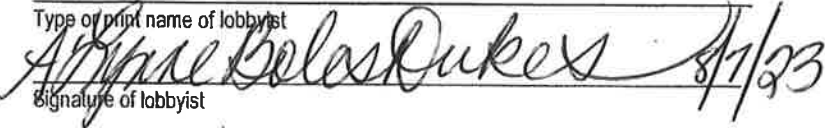
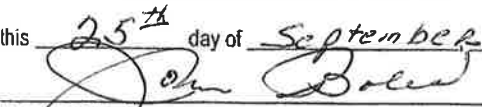
K

#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<br><b>A'Lynne Boles Dukes</b>   |  | 2. LOBBYIST'S ID NUMBER<br><b>2023-1</b>  |  |
| 3. BUSINESS ADDRESS (All mail will be sent to this address)<br><b>26555 Evergreen, Southfield, Mi 48034</b>  |  | 4. TELEPHONE NUMBER(S)<br><b>(517) 899-3447 (248) 936-5755</b>  |  |
| <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<br><b>04 10 2023</b><br>Month Day Year<br>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  |  | 6. PERIOD FOR THIS REPORT<br><input type="checkbox"/> 1st Quarter (ending 3 months after annual registration)<br><input checked="" type="checkbox"/> 2nd Quarter (ending 6 months after annual registration)<br><input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration)<br><input type="checkbox"/> 4th Quarter (ending 12 months after annual registration) |  |
| 7. NAME OF CLIENT<br><b>American Heart Association</b>   |  |   |  |
| 8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER<br><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br>(Provide a brief description and, if necessary, attach additional sheets.)<br><b>I provided educational information to Councilmembers regarding a F</b><br><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. \$ <b>3,000</b>   |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES .....  |  | 9c. \$  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....   |  | 9d. \$ <b>3,000</b>   |  |
| 10. VERIFICATION<br>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.<br><b>A'Lynne Boles Dukes</b><br>Type or print name of lobbyist<br><br>Signature of lobbyist<br>Subscribed and sworn to me this sworn to before me<br>this <b>25<sup>th</sup></b> day of <b>September</b><br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires: <b>Nov. 27, 2023</b><br><b>JOHN BOLES</b><br>NOTARY PUBLIC - STATE OF MICHIGAN<br>COUNTY OF EATON<br>My Commission Expires November 27, 2023<br>Acting in the County of <b>Eaton</b> |  |   |  |
| FOR OFFICIAL USE ONLY:<br>Amount of fee paid: <b>\$25.00</b><br>Date of payment: <b>11/1/23</b><br><b>KW</b>   |  |   |  |



**CITY OF DETROIT  
QUARTERLY REPORT**


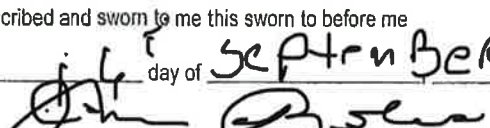
**TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT**  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

|   |  |   |  |
|---|--|---|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes  |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1  |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br>26555 Evergreen Southfield, MI 48034<br><br><input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <b>4. TELEPHONE NUMBER(S)</b><br>(513) 899-3447<br><br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"><div>07<br/>Month</div><div>9<br/>Day</div><div>2024<br/>Year</div></div> <p>(DATE ENTERED BY CITY CLERK'S OFFICE<br/>ON REGISTRATION FORM)</p>  |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> 1<sup>st</sup> Quarter (ending 3 months after annual registration)<br/><input type="checkbox"/> 2<sup>nd</sup> Quarter (ending 6 months after annual registration)<br/><input type="checkbox"/> 3<sup>rd</sup> Quarter (ending 9 months after annual registration)<br/><input checked="" type="checkbox"/> 4<sup>th</sup> Quarter (ending 12 months after annual registration)</div> |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association  |  |   |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b><br><div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/>(Provide a brief description and, if necessary, attach additional sheets.)<br/><br/>Individual Meetings with Councilmembers regarding Complete street<br/><br/><input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.</div></div>                   |  |   |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <b>THIS REPORTING QUARTER</b>   |  |
| 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....   |  | 9a. \$ 0  |  |
| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....   |  | 9b. \$ 5,000  |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES .....   |  | 9c. \$ 5,000  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....  |  | 9d. \$ 10,000   |  |
| <b>10. VERIFICATION</b><br><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<br/>Type or print name of lobbyist</p> <p><u>A'Lynne Boles Dukes</u><br/>Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this 11 day of July 2024</p> <p><u>[Signature]</u><br/>Notary Public, Wayne County, Michigan<br/>My Commission Expires: 11/27/29</p> |  |   |  |
| <b>FOR OFFICIAL USE ONLY:</b><br><div style="display: flex; justify-content: space-between;"><div>Amount of fee paid: \$ 25.00</div><div>Date of payment: 7/18/24</div></div>   |  |   |  |

**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)

|   |  |   |  |
|---|--|---|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes  |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1  |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br>26555 Evergreen Southfield, MI 48034<br><br><input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <b>4. TELEPHONE NUMBER(S)</b><br><br>(513) 899-3447 ( ) _____<br><br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"><div>Sept</div><div>12</div><div>2023</div></div> <div style="display: flex; justify-content: space-around; align-items: center; font-size: small;">MonthDayYear</div> <p>(DATE ENTERED BY CITY CLERK'S OFFICE<br/>ON REGISTRATION FORM)</p>   |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> 1<sup>st</sup> Quarter (ending 3 months after annual registration)<br/><input type="checkbox"/> 2<sup>nd</sup> Quarter (ending 6 months after annual registration)<br/><input checked="" type="checkbox"/> 3<sup>rd</sup> Quarter (ending 9 months after annual registration)<br/><input type="checkbox"/> 4<sup>th</sup> Quarter (ending 12 months after annual registration)</div> |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association  |  |   |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/><small>(Provide a brief description and, if necessary, attach additional sheets.)</small><br/><br/>Meeting with Councilmembers. Attend District and community meeti<br/><br/><input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.</div></div>  |  |   |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <b>THIS REPORTING QUARTER</b>   |  |
| 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  |  |
|   |  | <b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>  |  |
|   |  | 9a. \$ _____  |  |
|   |  | 9b. \$ 9,000  |  |
|   |  | 9c. \$ _____  |  |
|   |  | 9d. \$ 9,000  |  |
| <b>10. VERIFICATION</b><br><br>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.<br><br>A'Lynne Boles Dukes<br>Type or print name of lobbyist<br><br><br>Signature of lobbyist<br><br>Subscribed and sworn to me this _____ day of _____ 2024<br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires: 11/27/29 |  |   |  |
| <b>FOR OFFICIAL USE ONLY:</b><br><div style="display: flex; justify-content: space-between;"><div>Amount of fee paid: \$ 25.00</div><div>Date of payment: 9/17/24</div></div> <div style="text-align: center; margin-top: 10px;">KW</div>   |  |   |  |

**CITY OF DETROIT  
LOBBYIST REGISTRATION**

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

RECEIVED SEP 17 2024

|   |  |  |
|---|--|--|
| <b>1. REGISTRANT'S NAME</b> (Only one person may register with this form)<br><b>A'Lynne Boles Dukes</b>   | <b>2. REGISTRANT'S ID NUMBER</b><br><b>2023-1</b>  |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><b>26555 Evergreen, Southfield, MI 48034</b>  | <b>4. TELEPHONE NUMBER(S)</b><br><b>(517) 899-3447</b>   |  |
| <b>5. TYPE OF LOBBYIST</b><br>(Check all applicable boxes.)<br><div style="display: flex; align-items: flex-start;"><div style="flex: 1;"><input type="checkbox"/> Registered lobbyist under Federal Law<br/><input type="checkbox"/> Registered lobbyist under Michigan Law<br/><input type="checkbox"/> Registered lobbyist in other states (name state(s)): _____<br/><input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials<br/><input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official<br/>(See definition of "lobbyist" on reverse)</div></div>  |  |  |
| <b>6. NAME AND ADDRESS OF CLIENT(S)</b><br><b>American Heart Association</b><br><b>7272 Greenville Ave, Dallas, Texas 75231</b>   |  |  |
| <b>7. VERIFICATION</b><br><p>I swear, or affirm, that:</p> <p>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</p> <p>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> <p><b>A'Lynne Boles Dukes</b><br/>Type or print name of registrant</p> <p><i>A'Lynne Boles Dukes</i><br/>Signature</p> <p>Subscribed and sworn to me this <u>11<sup>th</sup></u> day of <u>September</u> <u>2024</u><br/><i>[Signature]</i><br/>Notary Public, Wayne County, Michigan<br/>My Commission Expires: <u>11/27/29</u></p> |  |  |
| <b>FOR OFFICIAL USE ONLY:</b>   |  |  |
| <b>DATE OF ANNUAL REGISTRATION</b><br><b>1 9 2024</b><br>Month Day Year   | <b>THIS REGISTRATION IS VALID:</b><br>From <b>1 9 2024</b> To <b>1 9 2025</b><br>Month Day Year Month Day Year | <b>Amount of fee paid</b> <b>\$125.00</b><br><b>Date of payment</b> <b>9/17/24</b> |

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)

|  |  |  |  |
|--|--|--|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes   |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1   |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br>26555 Evergreen, Southfield, MI<br><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX   |  | <b>4. TELEPHONE NUMBER(S)</b><br>(513) 899-3447 ( )<br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX   |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"> <span>April</span> <span>12</span> <span>2024</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> (DATE ENTERED BY CITY CLERK'S OFFICE<br>ON REGISTRATION FORM)   |  | <b>6. PERIOD FOR THIS REPORT</b><br><input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration)<br><input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration)<br><input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration)<br><input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration) |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association   |  |  |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; align-items: flex-start;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/> <small>(Provide a brief description and, if necessary, attach additional sheets.)</small><br/> <div style="margin-left: 20px; text-align: center;"> Councilmember Meetings. District Meetings </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div>   |  |  |  |
| <b>9. EXPENDITURES BY CATEGORY</b>   |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>THIS REPORTING QUARTER</b> </div> <div style="width: 45%;"> <b>REGISTRATION DATE THROUGH<br/>END OF THIS QUARTER</b> </div> </div>   |  |
| <b>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</b> .....   |  | <b>9a. \$</b> .....  |  |
| <b>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING</b> .....  |  | <b>9b. \$</b> 3,000  |  |
| <b>9c. ALL OTHER LOBBYING EXPENDITURES</b> .....   |  | <b>9c. \$</b> .....  |  |
| <b>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c)</b> .....   |  | <b>9d. \$</b> 3,000  |  |
| <b>10. VERIFICATION</b><br><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><b>A'Lynne Boles Dukes</b></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>11<sup>th</sup></u> day of <u>Sept.</u>, 2024</p> <p><i>John D. ...</i></p> <p>Notary Public, Wayne County, Michigan <u>ENTIRE CO.</u></p> <p>My Commission Expires: <u>11/27/20</u></p> |  |  |  |
| <b>FOR OFFICIAL USE ONLY:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> Amount of fee paid: <u>\$25.00</u><br/> <i>KK</i> </div> <div> Date of payment: <u>9/17/24</u> </div> </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)

RECEIVED SEP 17 2024

|   |  |  |  |
|---|--|--|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes  |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1   |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br>26555 Evergreen, Southfield, MI 48034<br><br><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <b>4. TELEPHONE NUMBER(S)</b><br><br>(513) 899-3447<br><br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX   |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"><div>Jul</div><div>12</div><div>2024</div></div> <div style="display: flex; justify-content: space-around; align-items: center; font-size: small;">Month                      Day                      Year</div> <p>(DATE ENTERED BY CITY CLERK'S OFFICE<br/>ON REGISTRATION FORM)</p>  |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/><br/><input checked="" type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/></div><div><div>1<sup>st</sup> Quarter (ending 3 months after annual registration)</div><div>2<sup>nd</sup> Quarter (ending 6 months after annual registration)</div><div>3<sup>rd</sup> Quarter (ending 9 months after annual registration)</div><div>4<sup>th</sup> Quarter (ending 12 months after annual registration)</div></div></div> |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association  |  |  |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b><br><div style="display: flex; align-items: flex-start;"><div style="margin-right: 20px;"><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/><small>(Provide a brief description and, if necessary, attach additional sheets.)</small></div><div><p>Meeting with Councilmembers. Attend District and community Meet</p><br/><br/><input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.</div></div>                               |  |  |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <b>THIS REPORTING QUARTER</b>  |  |
| 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   |  |
| <b>10. VERIFICATION</b><br><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 11<sup>th</sup> day of September, 2024</p> <p><i>John A. Boles</i></p> <p>Notary Public, Wayne County, Michigan EAT. J Co.</p> <p>My Commission Expires: 11/27/29</p> |  |  |  |
| <b>FOR OFFICIAL USE ONLY:</b>   |  |  |  |
| Amount of fee paid: \$ 25.00  |  | Date of payment: 9/17/24   |  |

KW



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)

| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes   |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1  |  |                        |  |              |              |              |              |              |              |              |              |
|--|--|---|--|------------------------|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br>26555 Evergreen, Southfield, Mi 48034<br><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX   |  | <b>4. TELEPHONE NUMBER(S)</b><br>(513) 899-3447 ( ) _____<br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |                        |  |              |              |              |              |              |              |              |              |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div>Sept</div> <div>11</div> <div>2024</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE<br>ON REGISTRATION FORM)   |  | <b>6. PERIOD FOR THIS REPORT</b><br><input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration)<br><input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration)<br><input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration)<br><input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)  |  |                        |  |              |              |              |              |              |              |              |              |
| <b>7. NAME OF CLIENT</b><br>American Heart Association   |  |   |  |                        |  |              |              |              |              |              |              |              |              |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; align-items: flex-start;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/> <small>(Provide a brief description and, if necessary, attach additional sheets.)</small><br/> <div style="margin-left: 20px; text-align: center;"> Councilmember Meetings. District and Community Meetings </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> |  |   |  |                        |  |              |              |              |              |              |              |              |              |
| <b>9. EXPENDITURES BY CATEGORY</b><br>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....<br>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....<br>9c. ALL OTHER LOBBYING EXPENDITURES .....<br>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">THIS REPORTING QUARTER</th> <th style="text-align: left; padding: 5px;">REGISTRATION DATE THROUGH<br/>END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">9a. \$ _____</td> <td style="padding: 5px;">9a. \$ _____</td> </tr> <tr> <td style="padding: 5px;">9b. \$ _____</td> <td style="padding: 5px;">9b. \$ _____</td> </tr> <tr> <td style="padding: 5px;">9c. \$ _____</td> <td style="padding: 5px;">9c. \$ _____</td> </tr> <tr> <td style="padding: 5px;">9d. \$ _____</td> <td style="padding: 5px;">9d. \$ _____</td> </tr> </tbody> </table> |  | THIS REPORTING QUARTER | REGISTRATION DATE THROUGH<br>END OF THIS QUARTER | 9a. \$ _____ | 9a. \$ _____ | 9b. \$ _____ | 9b. \$ _____ | 9c. \$ _____ | 9c. \$ _____ | 9d. \$ _____ | 9d. \$ _____ |
| THIS REPORTING QUARTER   | REGISTRATION DATE THROUGH<br>END OF THIS QUARTER |   |  |                        |  |              |              |              |              |              |              |              |              |
| 9a. \$ _____   | 9a. \$ _____                                     |   |  |                        |  |              |              |              |              |              |              |              |              |
| 9b. \$ _____   | 9b. \$ _____                                     |   |  |                        |  |              |              |              |              |              |              |              |              |
| 9c. \$ _____   | 9c. \$ _____                                     |   |  |                        |  |              |              |              |              |              |              |              |              |
| 9d. \$ _____   | 9d. \$ _____                                     |   |  |                        |  |              |              |              |              |              |              |              |              |
| <b>10. VERIFICATION</b><br><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 11<sup>th</sup> day of September 2024</p> <p><i>[Signature]</i></p> <p>Notary Public, Wayne County, Michigan</p> <p>My Commission Expires: 11/27/29</p>                |  |   |  |                        |  |              |              |              |              |              |              |              |              |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FOR OFFICIAL USE ONLY:</b><br/> Amount of fee paid: \$25.00 </div> <div> Date of payment: 9/17/24 </div> </div> <div style="text-align: center; margin-top: 10px;"> </div>   |  |   |  |                        |  |              |              |              |              |              |              |              |              |

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)

|   |  |  |  |
|---|--|--|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes  |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1   |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br>26555 Evergreen #507, Southfield, MI 48076  |  | <b>4. TELEPHONE NUMBER(S)</b><br>(513) 899-3447  |  |
| <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">01<br/>Month</div> <div style="text-align: center;">12<br/>Day</div> <div style="text-align: center;">2025<br/>Year</div> </div><br><small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>  |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/> </div> <div> 1<sup>st</sup> Quarter (ending 3 months after annual registration)<br/> 2<sup>nd</sup> Quarter (ending 6 months after annual registration)<br/> 3<sup>rd</sup> Quarter (ending 9 months after annual registration)<br/> 4<sup>th</sup> Quarter (ending 12 months after annual registration) </div> </div> |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association  |  |  |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/> <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> </div> <div style="width: 80%;"> Meetings with Councilmembers regarding Complete Streets and Par </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> |  |  |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>THIS REPORTING QUARTER</b> </div> <div style="width: 45%;"> <b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b> </div> </div>   |  |
| <b>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</b>  |  | <b>9a. \$</b> 100  |  |
| <b>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING</b>   |  | <b>9b. \$</b> 0  |  |
| <b>9c. ALL OTHER LOBBYING EXPENDITURES</b>  |  | <b>9c. \$</b> 0  |  |
| <b>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c)</b>  |  | <b>9d. \$</b> 100  |  |
| <b>10. VERIFICATION</b><br><br>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.<br><br>A'Lynne Boles Dukes<br>Type or print name of lobbyist<br><br>Signature of lobbyist<br><br>Subscribed and sworn to me this <u>27<sup>th</sup></u> day of <u>March</u> , 20 <u>25</u><br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires: <u>11/27/29</u>  |  |  |  |
| <b>JOHN BOLES</b><br>NOTARY PUBLIC - STATE OF MICHIGAN<br>COUNTY OF EATON<br>My Commission Expires November 27, 2029<br>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)

|  |  |  |  |  |  |   |                                     |  |                             |  |  |  |
|--|--|--|--|--|--|---|-------------------------------------|--|-----------------------------|--|--|--|
| <b>1. LOBBYIST'S NAME</b><br><b>A'Lynne Boles Dukes</b>  |  | <b>2. LOBBYIST'S ID NUMBER</b><br><b>2023-1</b>  |  |  |  |   |                                     |  |                             |  |  |  |
| <b>3. BUSINESS ADDRESS (All mail will be sent to this address)</b><br><br><b>26555 Evergreen, suite #570 Southfield, MI 48076</b><br><br>IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <b>4. TELEPHONE NUMBER(S) 51 • 899-3447</b><br>) _____<br><br>IF A NUMBER HAS CHANGED, CHECK BOX   |  |  |  |   |                                     |  |                             |  |  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><br><div style="text-align: center; font-size: 1.2em;"> <b>January      12      2025</b> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p style="text-align: center; font-size: 0.8em;">(DATE ENTERED BY CITY CLERK'S OFFICE<br/>ON REGISTRATION FORM)</p>  |  | <b>6. PERIOD FOR THIS REPORT</b><br><br><div style="display: flex;"> <div style="margin-right: 10px;"> <input type="checkbox"/><br/><input checked="" type="checkbox"/><br/><input type="checkbox"/><br/><input type="checkbox"/> </div> <div>             1<sup>st</sup> Quarter (ending 3 months after annual registration)<br/>             2<sup>nd</sup> Quarter (ending 6 months after annual registration)<br/>             3<sup>rd</sup> Quarter (ending 9 months after annual registration)<br/>             4<sup>th</sup> Quarter (ending 12 months after annual registration)           </div> </div> |  |  |  |   |                                     |  |                             |  |  |  |
| <b>7. NAME OF CLIENT</b><br><b>American Heart Association</b>  |  |  |  |  |  |   |                                     |  |                             |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> </td> <td style="width: 35%; vertical-align: top;"> <b>8. I ENGAGED IN LOBBYING ACTIVITY DURING</b><br/>           (Provide a brief description and, if necessary,         </td> <td style="width: 35%; vertical-align: top;"> <b>THIS QUARTER.</b><br/>           attach additional sheets,         </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"> <b>Meetings with Councilmembers</b> </td> <td style="text-align: center; vertical-align: middle;"> <b>and Council staff regarding AHA pol</b> </td> <td style="text-align: center; vertical-align: middle;"> <b>DURING THIS QUARTER.</b> </td> </tr> <tr> <td colspan="3" style="text-align: center; vertical-align: bottom;"> <b>I DID NOT ENGAGE IN LOBBYING ACTIVITY</b> </td> </tr> </table> |  |  |  | <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> | <b>8. I ENGAGED IN LOBBYING ACTIVITY DURING</b><br>(Provide a brief description and, if necessary, | <b>THIS QUARTER.</b><br>attach additional sheets, | <b>Meetings with Councilmembers</b> | <b>and Council staff regarding AHA pol</b> | <b>DURING THIS QUARTER.</b> | <b>I DID NOT ENGAGE IN LOBBYING ACTIVITY</b> |  |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>   | <b>8. I ENGAGED IN LOBBYING ACTIVITY DURING</b><br>(Provide a brief description and, if necessary, | <b>THIS QUARTER.</b><br>attach additional sheets,  |  |  |  |   |                                     |  |                             |  |  |  |
| <b>Meetings with Councilmembers</b>  | <b>and Council staff regarding AHA pol</b>   | <b>DURING THIS QUARTER.</b>  |  |  |  |   |                                     |  |                             |  |  |  |
| <b>I DID NOT ENGAGE IN LOBBYING ACTIVITY</b>   |  |  |  |  |  |   |                                     |  |                             |  |  |  |
| <b>9. EXPENDITURES BY CATEGORY</b><br><br><b>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</b><br>.....  |  | <b>THIS REPORTING QUARTER</b><br><br><b>9a. \$</b> _____<br><b>9b. \$</b> 500 _____<br><b>9c. \$</b> 0 _____<br>500 _____<br><b>\$ 1,000</b> _____   |  |  |  |   |                                     |  |                             |  |  |  |
| <b>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.</b> .....   |  | <b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b><br><br><b>\$600</b> _____<br><b>9c. \$</b> 0 _____<br><b>9b \$500</b> _____<br><b>\$1,100</b> _____   |  |  |  |   |                                     |  |                             |  |  |  |
| <b>9c. ALL OTHER LOBBYING EXPENDITURES</b> .....   |  | <b>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c)....</b>   |  |  |  |   |                                     |  |                             |  |  |  |



# 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

Signature of lobbyist

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public, Wayne County, Michigan

My Commission Expires: \_\_\_\_\_

**JOHN BOLES**

**NOTARY PUBLIC - STATE OF MICHIGAN**  
**COUNTY OF EATON**

My Commission Expires November 27, 2029  
Acting in the County of Eaton

**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

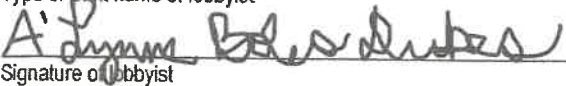
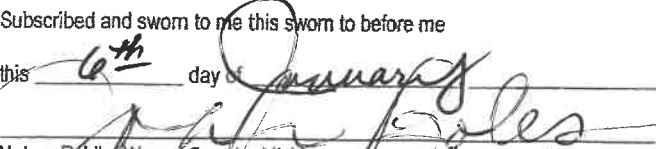
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

|   |  |  |  |
|---|--|--|--|
| <b>1. LOBBYIST'S NAME</b><br><b>A'Lynne Boles Dukes</b>   |  | <b>2. LOBBYIST'S ID NUMBER</b><br><b>2023-1</b>  |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br><b>26555 Evergreen, Southfield, MI 48076</b>  |  | <b>4. TELEPHONE NUMBER(S)</b><br><b>(513) 899-3447</b>   |  |
| <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><u>January</u><br/>Month</span> <span><u>10</u><br/>Day</span> <span><u>2025</u><br/>Year</span> </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)  |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="margin-top: 5px;"> <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration)<br/> <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration)<br/> <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration)<br/> <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)         </div> |  |
| <b>7. NAME OF CLIENT</b><br><b>American Heart Association</b>   |  |  |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 20%;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/>           (Provide a brief description and, if necessary, attach additional sheets.)         </div> <div style="width: 80%;"> <p style="margin-top: 10px;"><b>Meetings with CCM on: Complete Streets, Coffee and Crumpets and</b></p> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.         </div> |  |  |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <b>THIS REPORTING QUARTER</b>  | <b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b> |
| <b>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS</b>  |  | <b>9a. \$ 0</b>  | <b>9a. \$ 0</b>                                      |
| <b>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING</b>   |  | <b>9b. \$ 150.00</b>   | <b>9b. \$ 1,100.00</b>                               |
| <b>9c. ALL OTHER LOBBYING EXPENDITURES</b>  |  | <b>9c. \$ 100.00</b>   | <b>9c. \$ 0</b>                                      |
| <b>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c)</b>  |  | <b>9d. \$ 250.00</b>   | <b>9d. \$ 1,350.00</b>                               |
| <b>10. VERIFICATION</b><br><br>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.<br><br><b>A'Lynne Boles Dukes</b><br>Type or print name of lobbyist<br><div style="margin-top: 5px;"> </div> Signature of lobbyist<br><br>Subscribed and sworn to me this sworn to before me<br><br>this <u>30th</u> day of <u>September</u> , <u>2025</u><br><div style="margin-top: 5px;"> </div> Notary Public, Wayne County, Michigan<br>My Commission Expires: <u>Nov 27, 2029</u>  |  |  |  |
| <b>FOR OFFICIAL USE ONLY:</b> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>             Amount of fee paid: <b>\$ 25.00</b><br/> <span style="color: red; font-weight: bold; font-size: 1.2em;">K</span> </div> <div>             Date of payment: <b>10/6/25</b> </div> </div>   |  |  |  |

**CITY OF DETROIT  
QUARTERLY REPORT**

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

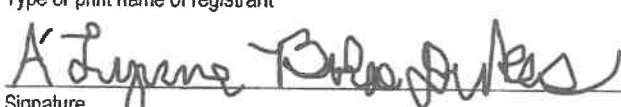
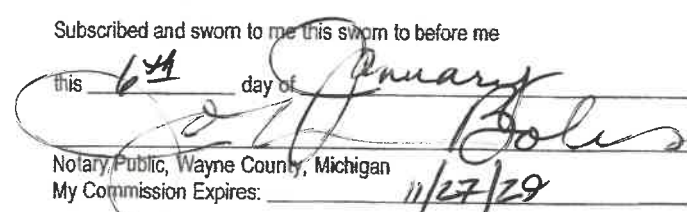
|   |  |   |  |
|---|--|---|--|
| <b>1. LOBBYIST'S NAME</b><br>A'Lynne Boles Dukes  |  | <b>2. LOBBYIST'S ID NUMBER</b><br>2023-1  |  |
| <b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)<br><br>26555 Evergreen, Southfield, MI 48076<br><br><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX  |  | <b>4. TELEPHONE NUMBER(S)</b><br><br>(513) 899-3447<br><br><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX  |  |
| <b>5. DATE OF ANNUAL REGISTRATION</b><br><div style="display: flex; justify-content: space-around; align-items: center;"><div>12<br/>Month</div><div>29<br/>Day</div><div>2026<br/>Year</div></div> <p>(DATE ENTERED BY CITY CLERK'S OFFICE<br/>ON REGISTRATION FORM)</p>   |  | <b>6. PERIOD FOR THIS REPORT</b><br><div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> 1st Quarter (ending 3 months after annual registration)<br/><input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration)<br/><input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration)<br/><input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)</div></div> |  |
| <b>7. NAME OF CLIENT</b><br>American Heart Association  |  |   |  |
| <b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b><br><div style="display: flex; align-items: flex-start;"><div style="margin-right: 20px;"><input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.<br/>(Provide a brief description and, if necessary, attach additional sheets.)<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/><input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.</div></div>   |  |   |  |
| <b>9. EXPENDITURES BY CATEGORY</b>  |  | <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>THIS REPORTING QUARTER</b></div><div style="width: 45%;"><b>REGISTRATION DATE THROUGH<br/>END OF THIS QUARTER</b></div></div>   |  |
| 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....   |  | 9a. \$ 0  |  |
| 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....  |  | 9b. \$ 0  |  |
| 9c. ALL OTHER LOBBYING EXPENDITURES .....   |  | 9c. \$ 0  |  |
| 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....  |  | 9d. \$ 0  |  |
| <b>10. VERIFICATION</b><br><br>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.<br><br>A'Lynne Boles Dukes<br>Type or print name of lobbyist<br><br><br>Signature of lobbyist<br><br>Subscribed and sworn to me this 6th day of January<br><br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires 11/27/29 |  | <b>JOHN BOLES</b><br><b>NOTARY PUBLIC - STATE OF MICHIGAN</b><br><b>COUNTY OF EATON</b><br>My Commission Expires November 27, 2029<br>Acting in the County of <u>Eaton</u>  |  |
| <b>FOR OFFICIAL USE ONLY:</b><br><div style="display: flex; justify-content: space-between;"><div>Amount of fee paid: <b>\$25.00</b></div><div>Date of payment: <b>1/12/26</b></div></div>  |  |   |  |



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)<br><b>A'Lynne Boles Dukes</b>  |  | 2. REGISTRANT'S ID NUMBER<br><b>2023-1</b>                                       |  |
| 3. BUSINESS ADDRESS (All mail will be sent to this address)<br><b>2515 Victor Ave., Lansing, MI 48911</b>   |  | 4. TELEPHONE NUMBER(S)<br><b>(517) 899-3447</b>                                  |  |
| 5. TYPE OF LOBBYIST (Check all applicable boxes.)   |  |  |  |
| <input type="checkbox"/> Registered lobbyist under Federal Law<br><input type="checkbox"/> Registered lobbyist under Michigan Law<br><input type="checkbox"/> Registered lobbyist in other states (name state(s)):<br><input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials<br><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<br>(See definition of "lobbyist" on reverse) |  |  |  |
| 6. NAME AND ADDRESS OF CLIENT(S)<br><b>American Heart Association, Redeem Detroit, Detroit Change Initiative, and Michigan Roundtable for Just Communities.</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.   |  |  |  |
| <b>A'Lynne Boles Dukes</b><br>Type or print name of registrant<br><br>Signature  |  |  |  |
| Subscribed and sworn to me this <u>6<sup>th</sup></u> day of <u>January</u><br><br>Notary Public, Wayne County, Michigan<br>My Commission Expires: <u>11/27/29</u>   |  |  |  |
| JOHN BOLES<br>NOTARY PUBLIC - STATE OF MICHIGAN<br>COUNTY OF EATON<br>My Commission Expires November 27, 2029<br>Acting in the County of <u>Eaton</u>   |  |  |  |
| FOR OFFICIAL USE ONLY:  |  |  |  |
| DATE OF ANNUAL REGISTRATION   |  | THIS REGISTRATION IS VALID:  |  |
| <b>1 12 2026</b><br>Month Day Year  |  | From <b>1 12 2026</b><br>Month Day Year<br>To <b>1 12 2027</b><br>Month Day Year |  |
|   |  | Amount of fee paid: <b>\$125.00</b><br>Date of payment: <b>1/12/26</b>           |  |

KW