

RECEIVED JAN 21 2025

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

1. LOBBYIST'S NAME Alexandra Kaplan	2. LOBBYIST'S ID NUMBER 2025-1
3. BUSINESS ADDRESS (All mail will be sent to this address) 151 West 42nd Street, 29th Floor, New York, NY 10036 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) () 212-867-9090 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. NAME AND ADDRESS OF CLIENT(S) <input type="checkbox"/> Effective _____, _____, I do not represent the following client(s): <input checked="" type="checkbox"/> Effective <u>January 10</u> <u>2025</u> , I represent the following client(s): Effective as of 06/29/2021 Police and Fire Retirement System of the City of Detroit 500 Woodward Avenue, Suite 3000 Detroit, MI 48226 Effective as of 02/20/2020 General Retirement System of the City of Detroit 500 Woodward Avenue, Suite 3000 Detroit, MI 48226	
6. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Alexandra Kaplan Type or print name of lobbyist <u>Alexandra Kaplan</u> Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>15th</u> day of <u>January</u> , <u>2025</u> <u>[Signature]</u> Notary Public, Wayne County, Michigan Dallas County, State of Texas My Commission Expires: <u>04/13/2026</u> Electronically signed and notarized online using the Proof platform.	
<div style="display: flex; justify-content: space-between;"><div>FOR OFFICIAL USE ONLY</div><div>ROXSAND OLIVIA BECKLES ID NUMBER 13370432-0 COMMISSION EXPIRES April 13, 2026</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Amount of fee paid: \$15.00</div><div>Date of payment: 1/21/25</div></div> <div style="text-align: center; margin-top: 10px;">Ko</div>	

**CITY OF DETROIT
LOBBYIST REGISTRATION**

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

RECEIVED JAN 21 2025

1. REGISTRANT'S NAME (Only one person may register with this form) Alexandra Kaplan	2. REGISTRANT'S ID NUMBER 2025-1
3. BUSINESS ADDRESS (All mail will be sent to this address) 151 West 42nd Street, 29th Floor, New York, NY 10036	4. TELEPHONE NUMBER(S) (212) 867-9090 () _____
5. TYPE OF LOBBYIST (Check all applicable boxes.) <div style="display: flex; justify-content: space-between;"><div><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 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)</div><div>Kentucky, Kansas, New York, Illinois</div></div>	
6. NAME AND ADDRESS OF CLIENT(S) General Retirement System of the City of Detroit 500 Woodward Avenue, Suite 3000 Detroit, MI 48226 Police and Fire Retirement System of the City of Detroit 500 Woodward Avenue, Suite 3000 Detroit, MI 48226	
7. VERIFICATION <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><u>Alexandra Kaplan</u> Type or print name of registrant</p> <p><u>Alexandra Kaplan</u> Signature</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this <u>15th</u> day of <u>January</u>, 2025</p> <p><u>[Signature]</u> Notary Public, Wayne County, Michigan Dallas County, State of Texas My Commission Expires: <u>04/13/2026</u> Electronically signed and notarized online using the Proof platform.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"><div style="display: flex; align-items: center;"><div>ROXSAND OLIVIA BECKLES ID NUMBER 13370432-0 COMMISSION EXPIRES April 13, 2026</div></div></div>	



FOR OFFICIAL USE ONLY		
DATE OF ANNUAL REGISTRATION 1 21 2025 Month Day Year	THIS REGISTRATION IS VALID From 1 21 2025 To 1 21 2026 Month Day Year Month Day Year	Amount of fee paid \$125.00 Date of payment 1/21/25

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RECEIVED JUN 27 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)

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5. DATE OF ANNUAL REGISTRATION January 21 2025 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		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)											
7. NAME OF CLIENT General Retirement System of the City of Detroit; Police and Fire Retirement System of the City of Detroit													
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.													
9. EXPENDITURES BY CATEGORY		<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>9a. \$</td> <td>9a. \$</td> </tr> <tr> <td>9b. \$</td> <td>9b. \$</td> </tr> <tr> <td>9c. \$</td> <td>9c. \$</td> </tr> <tr> <td>9d. \$ 0.00</td> <td>9d. \$ 0.00</td> </tr> </tbody> </table>		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER	9a. \$	9a. \$	9b. \$	9b. \$	9c. \$	9c. \$	9d. \$ 0.00	9d. \$ 0.00
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9b. \$	9b. \$												
9c. \$	9c. \$												
9d. \$ 0.00	9d. \$ 0.00												
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING..... 9c. ALL OTHER LOBBYING EXPENDITURES 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....													
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Alexandra Kaplan Type or print name of lobbyist Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 23rd day of June 2025 Roanoke City Virginia  Notary Public, WV County, MD My Commission Expires 11/30/2028 Notarized remotely online using communication technology via Proof.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FOR OFFICIAL USE ONLY:</td> <td style="width: 50%;"> Amount of fee paid \$25.00 Date of payment 6/27/25 </td> </tr> </table>				FOR OFFICIAL USE ONLY:	Amount of fee paid \$25.00 Date of payment 6/27/25								
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← notarize here



KATHERINE ANN MARIN

REGISTRATION NUMBER
7718208
COMMISSION EXPIRES
November 30, 2028

Ka

RECEIVED JUN 27 2025

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

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5. NAME AND ADDRESS OF CLIENT(S) <input type="checkbox"/> Effective _____, I do not represent the following client(s): <input checked="" type="checkbox"/> Effective <u>June 13</u> , <u>2025</u> , I represent the following client(s): Shenkman Capital Management, Inc. 151 West 42nd Street, FL 29 New York, NY 10036	
6. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Alexandra Kaplan Type or print name of lobbyist Signature of lobbyist  Subscribed and sworn to me this <u>23rd</u> day of <u>June</u> , <u>2025</u> <u>Roanoke City Virginia</u> Notary Public, <u>XXXX</u> County, <u>XXXX</u> State My Commission Expires: <u>11/30/2028</u>  FOR OFFICIAL USE ONLY Amount of fee paid \$15.00 Date of payment 6/27/25	

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KATHERINE ANN MARIN

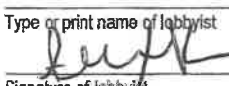
REGISTRATION NUMBER
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Notarized remotely online using communication technology via Proof.

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FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 15.00 Date of payment: 6/27/25	

← sign here

KATHERINE ANN MARIN

REGISTRATION NUMBER
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RECEIVED DEC 17 2025

CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
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3. BUSINESS ADDRESS (All mail will be sent to this address) 151 West 42nd Street, 29th Floor, New York, NY, 1003 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (212) 867-9090 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX											
5. DATE OF ANNUAL REGISTRATION <div style="display: flex; justify-content: space-around; align-items: center;"> January 21 2025 </div> <div style="display: flex; justify-content: space-around; align-items: center; font-size: small;"> Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input 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 SHENKMAN CAPITAL MANAGEMENT, INC.													
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.													
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CITY OF DETROIT QUARTERLY REPORT

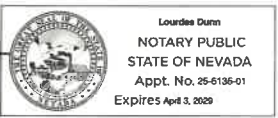
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CITY OF DETROIT LOBBYIST REGISTRATION

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FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION <u>1</u> <u>20</u> <u>2026</u> Month Day Year	THIS REGISTRATION IS VALID: From <u>1</u> <u>20</u> <u>2026</u> Month Day Year To <u>1</u> <u>20</u> <u>2027</u> Month Day Year	Amount of fee paid <u>\$125.00</u> Date of payment <u>1/20/26</u>

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

1. LOBBYIST'S NAME <div style="font-size: 1.2em; font-weight: bold;">Alexandra Kaplan</div>	2. LOBBYIST'S ID NUMBER <div style="font-size: 1.2em; font-weight: bold;">2025-1</div>
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5. NAME AND ADDRESS OF CLIENT(S)

☐ Effective _____, I do not represent the following client(s):

☒ Effective January 14, 2026, I represent the following client(s):

Effective as of 08/29/2021
 Police and Fire Retirement System of the City of Detroit
 500 Woodward Avenue, Suite 3000
 Detroit, MI 48226

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

6. VERIFICATION

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

Alexandra Kaplan

Type or print name of lobbyist

Alexandra Kaplan

Signature of lobbyist

State of Nevada

County of Clark

Lourdes Dunn

NOTARY PUBLIC

STATE OF NEVADA

Appt. No. 25-5135-01

Expires April 3, 2029

Subscribed and sworn to me this sworn to before me

this 15th day of January, 2026 by Alexandra Kaplan.

[Signature]

Notary Public, ~~Wayne County, Michigan~~ State of Nevada

My Commission Expires: 04/03/2029

Notarized remotely using audio-video communication technology via Proof.

FOR OFFICIAL USE ONLY

Amount of fee paid: \$ 15.00

Date of payment: 1/20/26

KE