

OFFICE OF THE
DETROIT CITY CLERK

2023 JAN -6 P 1:53

CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

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

- Registered lobbyist under Federal Law
- Registered lobbyist under Michigan Law
- Registered lobbyist in other states (name state(s)):
- A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials
- A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)

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

7. VERIFICATION

I swear, or affirm, that:

a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and

b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

A'Lynne Boles Dukes
Type or print name of registrant

A'Lynne Boles Dukes
Signature

Subscribed and sworn to me this 6th day of Jan. 2023

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

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

FOR OFFICIAL USE ONLY:


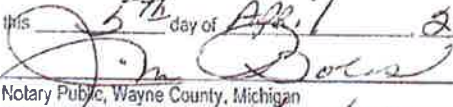
DATE OF ANNUAL REGISTRATION 1 6 2023 Month Day Year	THIS REGISTRATION IS VALID: From 1 6 2023 Month Day Year To 1 6 2024 Month Day Year	Amount of fee paid: \$125.00 Date of payment: 1/6/2023
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CITY OF DETROIT QUARTERLY REPORT

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

2023 APR 10 A 10:00

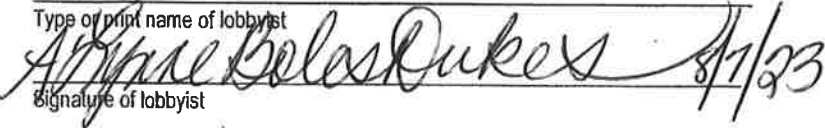
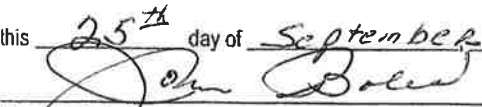
1. LOBBYIST'S NAME A'Lynne Boles Dukas		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Rd. Ste. 530 Southfield, MI 48076		4. TELEPHONE NUMBER(S) (51) 899-3447	
<input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input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

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#4146

**CITY OF DETROIT
QUARTERLY REPORT**

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

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, Mi 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (517) 899-3447 (248) 936-5755 <input checked="" type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION 04 10 2023 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <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. \$ _____	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ <u>3,000</u>	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>3,000</u>	9d. \$ _____
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. A'Lynne Boles Dukes Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>25th</u> day of <u>September</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>Nov. 27, 2023</u>			
FOR OFFICIAL USE ONLY:		Amount of fee paid: <u>\$25.00</u>	Date of payment: <u>11/1/23</u>

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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)



1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Southfield, MI 48034 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <div style="display: flex; justify-content: space-around; align-items: center;"> 07 9 2024 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 25%;"> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) </div> <div style="width: 70%;"> Individual Meetings with Councilmembers regarding Complete street </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div>			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ 0	9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 5,000	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 5,000	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 10,000	9d. \$ 0
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. A'Lynne Boles Dukes Type or print name of lobbyist Signature of lobbyist Subscribed and sworn to me this sworn to before me this 11 day of July 2024 Notary Public, Wayne County, Michigan My Commission Expires: 11/27/29			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 7/18/24			

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CITY OF DETROIT QUARTERLY REPORT

RECEIVED SEP 17 2024

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

1. LOBBYIST'S NAME A'Lynne Boles Duker		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen Southfield, MI 48034 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION Sept 12 2023 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)		
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> Meeting with Councilmembers. Attend District and community meeti <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY 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).....	THIS REPORTING QUARTER 9a. \$ _____ 9b. \$ 3,000 9c. \$ _____ 9d. \$ 3,000	REGISTRATION DATE THROUGH END OF THIS QUARTER 9a. \$ _____ 9b. \$ 9,000 9c. \$ _____ 9d. \$ 9,000	
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. A'Lynne Boles Duker Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>16th</u> day of <u>September</u> <u>2024</u>  Notary Public, <u>Wayne County</u> , Michigan <u>EATON CO.</u> My Commission Expires: <u>11/27/29</u>			
FOR OFFICIAL USE ONLY: Amount of fee paid: <u>\$ 25.00</u> Date of payment: <u>9/17/24</u> <div style="text-align: center; color: red; font-weight: bold;">KW</div>			

CITY OF DETROIT LOBBYIST REGISTRATION

RECEIVED SEP 17 2024

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

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

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

- Registered lobbyist under Federal Law
- Registered lobbyist under Michigan Law
- Registered lobbyist in other states (name state(s)): _____
- A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials
- A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)

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

7. VERIFICATION

I swear, or affirm, that:

a) During one (1) year preceding this registration, I have not held the position of Mayor, member of the City Council, City Clerk, appointive officer, or any member of a board, commission or other voting body that is established by either branch of City government or by the 2012 Detroit City Charter or under the 1984 Detroit City Code, or been a City appointee or City employee, or an individual who provided services to the City pursuant to a personal services contract; and

b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

A'Lynne Boles Dukes
 Type or print name of registrant

A'Lynne Boles Dukes
 Signature

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

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

FOR OFFICIAL USE ONLY:

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

CITY OF DETROIT QUARTERLY REPORT



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

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, MI <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (513) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION April 12 2024 Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) Councilmember Meetings. District Meetings <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		REGISTRATION DATE THROUGH END OF THIS QUARTER	
9a. \$ _____		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	
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 11th day of sept. , 2024 <i>John D. ...</i> Notary Public, Wayne County, Michigan ENTIRE CO. My Commission Expires: 11/27/20			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 9/17/24 KK			

CITY OF DETROIT QUARTERLY REPORT


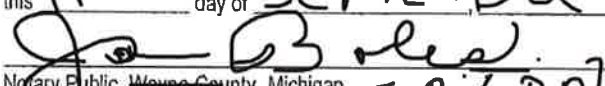
RECEIVED SEP 17 2024

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

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, MI 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION Jul 12 2024 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)		
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <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 Meeti <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY 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).....	THIS REPORTING QUARTER 9a. \$ _____ 9b. \$ 3,000 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 Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 11 th day of September, 2024  Notary Public, Wayne County, Michigan EAT. J Co. My Commission Expires: 11/27/29			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 9/17/24 KW			

**CITY OF DETROIT
QUARTERLY REPORT**


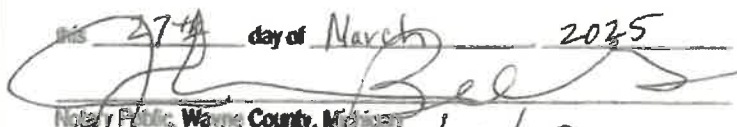
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen, Southfield, Mi 48034 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION Sept 11 2024 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT American Heart Association			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (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	
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. \$ _____	
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. A'Lynne Boles Dukes <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small> Subscribed and sworn to me this sworn to before me this 11 th day of September 2024  <small>Notary Public, Wayne County, Michigan</small> My Commission Expires: 11/27/29			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: \$ 25.00		Date of payment: 9/17/24	

KW

CITY OF DETROIT QUARTERLY REPORT

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

1. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1							
3. BUSINESS ADDRESS (All mail will be sent to this address) 26555 Evergreen #507, Southfield, MI 48076 <input checked="" type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (51) 899-3447 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
5. DATE OF ANNUAL REGISTRATION <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">01</td> <td style="text-align: center; width: 33%;">12</td> <td style="text-align: center; width: 33%;">2025</td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		01	12	2025	Month	Day	Year	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)	
01	12	2025							
Month	Day	Year							
7. NAME OF CLIENT American Heart Association									
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <p style="text-align: center; font-size: 1.2em;">Meetings with Councilmembers regarding Complete Streets and Par</p> <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  Signature of lobbyist Subscribed and sworn to me this _____ day of _____, 2025.  Notary Public, Wayne County, Michigan My Commission Expires: 11/27/29									
JOHN BOLES NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF EATON My Commission Expires November 27, 2029 Acting In the County of Eaton									

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)

i. LOBBYIST'S NAME A'Lynne Boles Dukes		2. LOBBYIST'S ID NUMBER 2023-1	
3. BUSINESS ADDRESS (All mail will besenttothis address) 26555 Evergreen, suite #570 Southfield, MI 48076 IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) 51 • 899-3447) _____ IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <div style="text-align: center; font-size: 1.2em;"> January 12 2025 </div> <div style="font-size: 0.8em; margin-top: 5px;"> Month Day Year Month </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 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 n I ENGAGED IN LOBBYING ACTIVITY DURING (Provide a brief description and, if necessary, THIS QUARTER. attach additional sheets.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center; font-size: 1.1em;">Meetings with Councilmembers</p> <p style="text-align: center; font-size: 0.9em;">I DID NOT ENGAGE IN LOBBYING ACTIVITY</p> </div> <div style="width: 50%;"> <p style="text-align: center; font-size: 1.1em;">and Council staff regarding AHA pol</p> <p style="text-align: center; font-size: 0.9em;">DURING THIS QUARTER.</p> </div> </div>			
9. EXPENDITURES BY CATEGORY			
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS	THIS REPORTING QUARTER 9a. \$ _____ 9b. \$ <u>500</u> 9c. \$ <u>0</u> 500	REGISTRATION DATE THROUGH END OF THIS QUARTER \$600 _____ 9c. \$ <u>0</u> 9b \$500 \$1,100 _____	
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.

Type or print name of lobbyist

Signature of lobbyist

Subscribed and sworn to me this _____ day of _____, 2025

this 11th day of June, 2025

Notary Public, Wayne County, Michigan

My Commission Expires: 11/27/29

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)

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 <div style="display: flex; justify-content: space-around; align-items: center;"> <u>January</u> <u>10</u> <u>2025</u> </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 ON REGISTRATION FORM)</p>		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 <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. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> </div> <div style="width: 80%;"> <p style="text-align: center; font-size: large;">Meetings with CCM on: Complete Streets, Coffee and Crumpets and</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 20%;"> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER. </div> </div>			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ <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 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>this <u>30th</u> day of <u>September</u>, 2025</p> <p><i>[Signature]</i> Notary Public, Wayne County, Michigan My Commission Expires: <u>Nov 27, 2029</u></p>			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: \$ 25.00		Date of payment: 10/6/25	

Kw

**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 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (51) 899-3447 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION 12 29 2026 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 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)
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7. NAME OF CLIENT
American Heart Association

8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER

I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.
(Provide a brief description and, if necessary, attach additional sheets.)

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. \$ 600
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0	9b. \$ 500
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0	9d. \$ 1,100

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 _____ day of _____, 2026

John Boles
 Notary Public, Wayne County, Michigan
 My Commission Expires: 11/27/29

JOHN BOLES
 NOTARY PUBLIC - STATE OF MICHIGAN
 COUNTY OF EATON
 My Commission Expires November 27, 2029
 Acting in the County of Eaton

FOR OFFICIAL USE ONLY:

Amount of fee paid: **\$25.00** Date of payment: **1/12/26**

KG

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.)

- Registered lobbyist under Federal Law
- Registered lobbyist under Michigan Law
- Registered lobbyist in other states (name state(s)):
- A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials
- A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)

6. NAME AND ADDRESS OF CLIENT(S)
American Heart Association, 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

A'Lynne Boles Dukes
Signature

Subscribed and sworn to me this _____ day of _____

this 6th day of January
John Boles
Notary Public, Wayne County, Michigan
My Commission Expires: 11/27/29

JOHN BOLES
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF EATON
My Commission Expires November 27, 2029
Acting in the County of Eaton

FOR OFFICIAL USE ONLY:


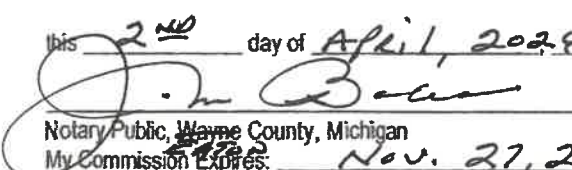
DATE OF ANNUAL REGISTRATION 1 12 2026 Month Day Year	THIS REGISTRATION IS VALID: From 1 12 2026 Month Day Year To 1 12 2027 Month Day Year	Amount of fee paid: \$125.00 Date of payment: 1/12/26
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KW

CITY OF DETROIT QUARTERLY REPORT

RECEIVED APR 09 2026

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

1. LOBBYIST'S NAME <i>A'Lynne Boles Dukes, PhD</i>		2. LOBBYIST'S ID NUMBER <i>2023-1</i>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <i>2515 Victor Ave. Lansing, MI 48911</i>		4. TELEPHONE NUMBER(S) <i>(571) 899-3471</i>	
<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 <i>01 / 12 / 2026</i> <small>Month Day Year</small> (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 <i>ABO Advocacy Agency LLC, Redeem Detroit, MI Roundtable</i>			
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> <i>Meals, Meetings, Educational & Instructional Sessions</i> <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. \$ <i>500 -</i>	9a. \$ <i>500 -</i>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ <i>0</i>	9b. \$ <i>0</i>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <i>500 -</i>	9c. \$ <i>500 -</i>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)		9d. \$ <i>1,000 -</i>	9d. \$ <i>1,000 -</i>
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. <i>A'Lynne Boles Dukes, PhD</i> <small>Type of print name of lobbyist</small>  <small>Signature of lobbyist</small> Subscribed and sworn to me this sworn to before me this <i>2nd</i> day of <i>April, 2026</i>  <small>Notary Public, Wayne County, Michigan</small> <small>My Commission Expires: <i>Nov. 27, 2029</i></small>			
<div style="text-align: right;"> JOHN BOLES NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF EATON My Commission Expires November 27, 2029 Acting in the County of <i>EATON</i> </div>			
FOR OFFICIAL USE ONLY:			
Amount of fee paid: <i>\$25.00</i>		Date of payment: <i>4/9/26</i>	

KW

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

1. LOBBYIST'S NAME A'Lynne Boles Dukes, PhD	2. LOBBYIST'S ID NUMBER 2023-1
3. BUSINESS ADDRESS (All mail will be sent to this address) 2515 Victor Ave., Lansing, MI 48911 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (517) 899-3447 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective April 1, 2026, I do not represent the following client(s):
American Heart Association

Effective April 1, 2026, I represent the following client(s):
Redeem Detroit, ABD Advocacy Agency LLC, Michigan Roundtable for Just Communities, Making It Count.

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.

A'Lynne Boles Dukes, PhD
 Type or print name of lobbyist

A'Lynne Boles Dukes
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me
 this 2nd day of April, 2026

John Boles
 Notary Public, Wayne County, Michigan
 My Commission Expires: Nov. 27, 2029

JOHN BOLES
 NOTARY PUBLIC - STATE OF MICHIGAN
 COUNTY OF EATON
 My Commission Expires November 27, 2029
 Acting in the County of EATON

FOR OFFICIAL USE ONLY:

Amount of fee paid: **\$15.00** Date of payment: **4/9/26**

KK