

CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE
DETROIT CITY CLERK

1. REGISTRANT'S NAME (Only one person may register with this form) Elizabeth Kutter	2. REGISTRANT'S NUMBER 2017-16 P 3:10 2017-16
3. BUSINESS ADDRESS (All mail will be sent to this address) Henry Ford Health System 1 Ford Place, 4 A/B Detroit, MI 48202	4. TELEPHONE NUMBER(S) (313) 574-1375 (313) 876-8484
5. TYPE OF LOBBYIST (Check all applicable boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> Registered lobbyist under Federal Law <input checked="" type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials <input type="checkbox"/> A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse) 	

6. NAME AND ADDRESS OF CLIENT(S)
 Henry Ford Health System
 1 Ford Place 4A/B
 Detroit, MI. 48202

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.

Elizabeth Kutter
 Type or print name of registrant

Elizabeth Kutter
 Signature

Subscribed and sworn to me this 14 day of August 2017

Esther M. Martinez
 Notary Public, Wayne County, Michigan
 My Commission Expires: 03/25/2021

ESTHER M. MARTINEZ
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF WAYNE
 MY COMMISSION EXPIRES Mar 25, 2021
 ACTING IN COUNTY OF Wayne

FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION Month: _____ Day: _____ Year: _____	THIS REGISTRATION IS VALID: From: _____ Month Day Year To: _____ Month Day Year	Amount of fee paid: _____ Date of payment: _____

OFFICE OF THE CITY OF DETROIT
 DETROIT CITY CLERK
QUARTERLY REPORT

2018 **TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT**
 PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM

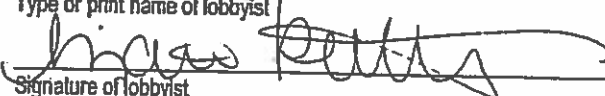
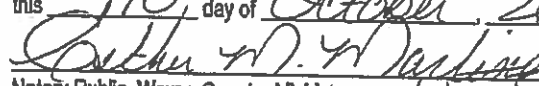
1. LOBBYIST'S NAME <u>Elizabeth Kutter</u>		2. LOBBYIST'S ID NUMBER <u>2017-16</u>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <u>(313) 574 1375</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</u> / <u>17</u> 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 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 <u>Henry Ford Health System</u>			
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		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>0</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>0</u>	9d. \$ <u>0</u>
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. <u>Elizabeth Kutter</u> Type or print name of lobbyist <u>[Signature]</u> Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>28</u> day of <u>June, 2018</u> <u>[Signature]</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>03-25-2021</u>			
ESTHER M. MARTINEZ NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Mar 25, 2021 ACTING IN COUNTY OF <u>Wayne</u>			
FOR OFFICIAL USE ONLY Amount of fee paid: <u>20.00</u> Date of payment: <u>07/06/2018</u>			

**CITY OF DETROIT
QUARTERLY REPORT**

OFFICE OF THE
DETROIT CITY CLERK

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

OCT 18 A 9:46

1. LOBBYIST'S NAME Elizabeth Kutter		2. LOBBYIST'S ID NUMBER 2017-16	
3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202.		4. TELEPHONE NUMBER(S) 313 574 1375	
<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 8 / 14 / 17 Month Day Year <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>		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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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS		9a. \$ _____	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ _____	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ _____	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ _____	9d. \$ _____
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Elizabeth Kutter Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 10th day of October , 2018  Notary Public, Wayne County, Michigan My Commission Expires: 03/25/2021			
FOR OFFICIAL USE ONLY <small>Amount of fee paid: \$15.00 Date of payment: 10/18/2018</small>			

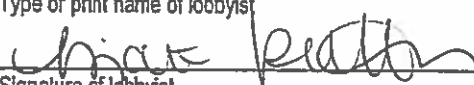
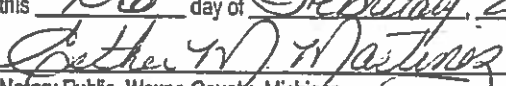
ESTHER M. MARTINEZ
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES 03/25, 2021
NOTING IN COUNTY OF **Wayne**

**CITY OF DETROIT
QUARTERLY REPORT**

**OFFICE OF THE
DETROIT CITY CLERK**

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

2019 FEB -8 A 10:45

1. LOBBYIST'S NAME Elizabeth Kutter		2. LOBBYIST'S ID NUMBER 2017-16	
3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 574 1375 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION 8 / 14 / 2017 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)	
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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. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c)		9d. \$ 0	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. Elizabeth Kutter Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 06 TH day of February, 2019  Notary Public, Wayne County, Michigan My Commission Expires: 03-25-2021			
ESTHER M. MARTINEZ NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Mar 25, 2021 ACTING IN COUNTY OF Wayne			
FOR OFFICIAL USE ONLY Amount of fee paid: \$ 25.00 Date of payment: 02/07/2019			

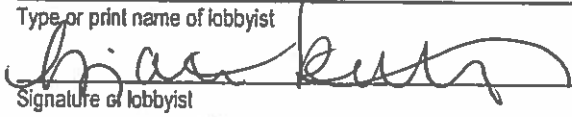

**CITY OF DETROIT OFFICE OF THE
QUARTERLY REPORT CITY CLERK**

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM) **2019 JUL 10 111**

1. LOBBYIST'S NAME <u>Elizabeth Kutter</u>		2. LOBBYIST'S ID NUMBER <u>2017-16</u>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <u>() () ()</u> <u>313-574-1375</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</u> / <u>17</u> 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)	
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING		9b. \$ <u>0</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>0</u>	9c. \$ <u>0</u>
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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. <u>Elizabeth Kutter</u> Type or print name of lobbyist <u>[Signature]</u> Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>21ST</u> day of <u>JUNE</u> , 20 <u>19</u> <u>[Signature]</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>03-20-2021</u>			
VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND MY COMMISSION EXPIRES MAY 20, 2021			

FOR OFFICIAL USE ONLY

**CITY OF DETROIT OFFICE OF THE
 QUARTERLY REPORT DETROIT CITY CLERK**
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM) **2019 NOV - 7 A 10: 29**

1. LOBBYIST'S NAME Elizabeth Kutter		2. LOBBYIST'S ID NUMBER 2017-16	
3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) (313) 574-1375 () _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION 8 14 2017 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 checked="" type="checkbox"/> 3 rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 th Quarter (ending 12 months after annual registration)	
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9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0	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. Elizabeth Kutter Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 th day of OCTOBER, 2019  Notary Public, Wayne County, Michigan My Commission Expires: _____ VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND COMMISSION EXPIRES Mar 20, 2021 OFFICE IN COUNTY OF WAYNE			
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 11.07.19			

**CITY OF DETROIT
QUARTERLY REPORT**

OFFICE OF THE
DETROIT CITY CLERK

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

2019 NOV - 7 A 10: 29

1. LOBBYIST'S NAME Elizabeth Kutter		2. LOBBYIST'S ID NUMBER 2017-16															
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<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 <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">8</td> <td style="text-align: center; width: 33%;">14</td> <td style="text-align: center; width: 33%;">2017</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)		8	14	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/></td> <td>1st Quarter (ending 3 months after annual registration)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2nd Quarter (ending 6 months after annual registration)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3rd Quarter (ending 9 months after annual registration)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>4th Quarter (ending 12 months after annual registration)</td> </tr> </table>		<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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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>Elizabeth Kutter Type or print name of lobbyist</p> <p> Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me</p> <p>this <u>30TH</u> day of <u>OCTOBER</u>, 2019</p> <p> Notary Public, Wayne County, Michigan My Commission Expires: _____</p> <p align="right">VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND COMMISSION EXPIRES Mar 20, 2021 COUNTY OF WAYNE</p>																	
FOR OFFICIAL USE ONLY:		Amount of fee paid: <u>\$ 25.00</u>	Date of payment: <u>11.07.19</u>														

**CITY OF DETROIT
QUARTERLY REPORT**

OFFICE OF THE
DETROIT CITY CLERK

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

2020 FEB -5 A 11:38

1. LOBBYIST'S NAME Elizabeth Kutter		2. LOBBYIST'S ID NUMBER 2017-16			
3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4A/B Detroit, MI 48202		4. TELEPHONE NUMBER(S) (313) 5741375			
<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 8 14 2017 Month Day Year <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>		6. PERIOD FOR THIS REPORT 2020 <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)			
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9c. ALL OTHER LOBBYING EXPENDITURES		9c. \$ <u>0</u>	9c. \$ <u>0</u>		
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>0</u>	9d. \$ <u>0</u>		
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. Elizabeth Kutter Type or print name of lobbyist [Signature] Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30th day of January , 2020 Olga J. Kiousis Notary Public, Wayne County, Michigan My Commission Expires: Aug 20, 2024					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">OLGA J. KIOUSIS NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF WAYNE My Commission Expires 08/20/2024 Acting in the County of WAYNE</td> </tr> </table>				OLGA J. KIOUSIS NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF WAYNE My Commission Expires 08/20/2024 Acting in the County of WAYNE	
OLGA J. KIOUSIS NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF WAYNE My Commission Expires 08/20/2024 Acting in the County of WAYNE					
FOR OFFICIAL USE ONLY: Amount of fee paid: \$ 25.00 Date of payment: 02-05-2020					

**CITY OF DETROIT
LOBBYIST REGISTRATION**

OFFICE OF THE
DETROIT CITY CLERK

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

2020 FEB -5 A 11: 38

1. REGISTRANT'S NAME (Only one person may register with this form) <u>Elizabeth Kutter</u>	2. REGISTRANT'S ID NUMBER <u>2017-16</u>
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4 A/B Detroit, MI 48202</u>	4. TELEPHONE NUMBER(S) <u>(313) 5741375</u>

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)

Henry Ford Health System
1 Ford Place 4 A/B
Detroit, MI 48202

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

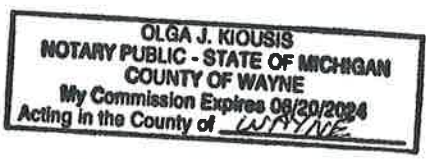
b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Elizabeth Kutter
Type or print name of registrant

Elizabeth Kutter
Signature

Subscribed and sworn to me this sworn to before me
this 30th day of January 2020

Olga J. Kiousis
Notary Public, Wayne County, Michigan
My Commission Expires: Aug 20, 2024



FOR OFFICIAL USE ONLY:

DATE OF ANNUAL REGISTRATION <u>8 - 14 - 2019</u> Month Day Year	THIS REGISTRATION IS VALID: From <u>8 - 14 - 2019</u> Month Day Year To <u>8 - 14 - 2020</u> Month Day Year	Amount of fee paid: <u>\$ 125.00</u> Date of payment: <u>02-05-2020</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)

OFFICE OF THE
DETROIT CITY CLERK

2020 JUL 13 PM 3:56

1. LOBBYIST'S NAME Elizabeth Kutter	2. LOBBYIST'S ID NUMBER 2017-16
3. BUSINESS ADDRESS (All mail will be sent to this address) 1 Ford Place 4 MB Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) (313) 574-1375 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
5. DATE OF ANNUAL REGISTRATION 8 / 14 / 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT 2020 <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 Henry Ford Health System	
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	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. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES	9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0	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.

Elizabeth Kutter
Type or print name of lobbyist

[Signature]
Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 30th day of January, 2020

Olga J. Kiousis
Notary Public, Wayne County, Michigan
My Commission Expires: Aug. 20, 2024

OLGA J. KIOUSIS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires 08/20/2024
Acting in the County of WAYNE

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25⁰⁰ Date of payment: 07.13.2020