

**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 JAMES R. RYAN		2. LOBBYIST'S ID NUMBER 2024-6
3. BUSINESS ADDRESS (All mail will be sent to this address) 123 W. ALLEGAN STE 800 LANSING, MI 48933		4. TELEPHONE NUMBER(S) (51) 3713800
<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 <small>Month Day Year</small>	6. PERIOD FOR THIS REPORT 2024 <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 OAKLAND COUNTY BOARD OF COMMISSIONERS & WAYNE COUNTY AIRPORT AUTHORITY		
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <small>(Provide a brief description and, if necessary, attach additional sheets.)</small>	<input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small>	
<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.		
JAMES R. RYAN		
Type or print name of lobbyist		
<i>James R. Ryan</i>		
Signature of lobbyist		
Subscribed and sworn to me this sworn to before me		
this <u>22nd</u> day of <u>January</u> , <u>2024</u>		
 KIMBERLY JAMESON My Commission Expires August 18, 2029 County of Ingham Acting in the County of <i>Wayne</i>		
Notary Public, Wayne County, Michigan My Commission Expires: <u>August 18, 2029</u>		
FOR OFFICIAL USE ONLY:		
Amount of fee paid \$25.00		
Date of payment 1/23/24		

K.

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<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 (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT 2024
Month Day Year		<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 OAKLAND COUNTY BOARD OF COMMISSIONERS & WAYNE COUNTY AIRPORT AUTHORITY		
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
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
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JAMES R. RYAN		
Type or print name of lobbyist <i>James R. Ryan</i>		
Signature of lobbyist <i>James R. Ryan</i>		
Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>January</u> <u>2026</u>		
Notary Public, Wayne County, Michigan My Commission Expires: <u>August 18, 2029</u>		
 KIMBERLY JAMIESON My Commission Expires August 18, 2029 County of Wayne Acting in the County of Wayne		

CITY OF DETROIT QUARTERLY REPORT

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<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 <small>Month Day Year</small> <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>	6. PERIOD FOR THIS REPORT 2025 <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" 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 OAKLAND COUNTY BOARD OF COMMISSIONERS & WAYNE COUNTY AIRPORT AUTHORITY		
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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
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JAMES R. RYAN		
Type or print name of lobbyist <i>James R. Ryan</i>		
Signature of lobbyist		
Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>January</u> , <u>2026</u>		
Notary Public, Wayne County, Michigan My Commission Expires: <u>August 18, 2029</u>		
KIMBERLY JAMESON My Commission Expires August 18, 2029 County of Ingham Acting in the County <i>Johnson</i>		
FOR OFFICIAL USE ONLY Amount of fee paid: \$ 25.00 Date of payment: 1/23/26 <i>KC</i>		

CITY OF DETROIT
QUARTERLY REPORT

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1. LOBBYIST'S NAME JAMES R. RYAN		2. LOBBYIST'S ID NUMBER 2024-6
3. BUSINESS ADDRESS (All mail will be sent to this address) 123 W. ALLEGAN STE 800 LANSING, MI 48933		4. TELEPHONE NUMBER(S) (513) 3713800
<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 <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT 2025 <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)	
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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
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 <p>KIMBERLY JAMISON My Commission Expires August 18, 2020 County of Ingleside Acting in the County of Wayne</p>		
<p>FOR OFFICIAL USE ONLY:</p> <p>Amount of fee paid \$ 25.00</p> <p>Date of payment 1/23/26</p> <p style="text-align: center;"><i>KR</i></p>		

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3. BUSINESS ADDRESS (All mail will be sent to this address) 123 W. ALLEGAN STE 800 LANSING, MI 48933		4. TELEPHONE NUMBER(S) 513713800
<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 <small>Month Day Year</small> <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>	6. PERIOD FOR THIS REPORT 2025 <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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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>
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JAMES R. RYAN		
Type or print name of lobbyist <i>[Signature]</i>		
Signature of lobbyist <i>[Signature]</i>		
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FOR OFFICIAL USE ONLY: Amount of fee paid: \$25.00 Date of payment: 1/23/26		



KIMBERLY JAMIESON
My Commission Expires
August 18, 2029
County of Ingham

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<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 <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">Month</td><td style="width: 33%;">Day</td><td style="width: 33%;">Year</td></tr></table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		Month	Day	Year	6. PERIOD FOR THIS REPORT 2025
Month	Day	Year			
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Signature of lobbyist <u>James R. Ryan</u>			
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