

OFFICE OF THE  
DETROIT CITY CLERK

2017 MAY - 2 APR 36

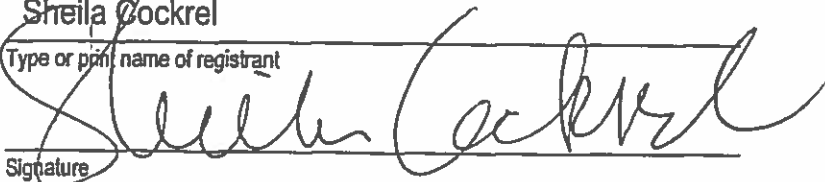


**CITY OF DETROIT  
LOBBYIST REGISTRATION**  
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) <b>Sheila Cockrel</b>	<b>2. REGISTRANT'S ID NUMBER</b> <b>2017-1</b>
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, MI 48216	<b>4. TELEPHONE NUMBER(S)</b> <u>313,338-3772</u> <u>313,3199600</u>
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Registered lobbyist under Federal Law</li> <li><input type="checkbox"/> Registered lobbyist under Michigan Law</li> <li><input type="checkbox"/> Registered lobbyist in other states (name state(s)):</li> <li><input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials</li> <li><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)</li> </ul>	
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> IPR Great Lakes/Inland Pipe Rehabilitation 4086 Michigan Avenue Detroit, MI 48210	
<b>7. VERIFICATION</b>  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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>Sheila Cockrel</b>            Type or print name of registrant</p> <p><i>Sheila Cockrel</i>            Signature</p> </div> <div style="width: 35%; text-align: right;"> <p>Subscribed and sworn to me this sworn to before me</p> <p>this <u>20</u> day of <u>APRIL</u>, <u>2017</u></p> <p><i>Florence Lograsso</i>            Notary Public, Wayne County, Michigan            My Commission Expires: <u>November 13, 2019</u></p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <p>FLORANN LOGRASSO            NOTARY PUBLIC, STATE OF MI            COUNTY OF WAYNE            MY COMMISSION EXPIRES Nov 13, 2019            ACTING IN COUNTY OF <u>Wayne</u></p> </div>	

FOR OFFICIAL USE ONLY:		
<b>DATE OF ANNUAL REGISTRATION</b> Month: _____ Day: _____ Year: _____	<b>THIS REGISTRATION IS VALID:</b> From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____	Amount of Fee paid: _____ Date of Payment: _____

# CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) Sheila Cockrel	<b>2. REGISTRANT'S ID NUMBER</b> 2017-2a-f	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101 Detroit, MI 48216	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( )	
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit. <input type="checkbox"/> Registered lobbyist under Federal Law <input 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)		
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> udcor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Accenture, 3000 Town Center, Southfield, MI 48075 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103		
<b>7. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of registrant   Signature  Subscribed and sworn to me this sworn to before me this <u>16<sup>th</sup></u> day of <u>January</u> , 2019  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/23</u> 		
<b>FOR OFFICIAL USE ONLY</b>		
<b>DATE OF ANNUAL REGISTRATION</b> 05-02-17 Month: 05 Day: 02 Year: 17	<b>THIS REGISTRATION IS VALID</b> From: _____ Month: _____ Day: _____ Year: _____ To: _____ Month: _____ Day: _____ Year: _____	Amount of fee paid: <u>125</u> Date of payment: <u>01-18-19</u>

CITY CLERK 18 JAN 2019 AM 10:09

**CITY OF DETROIT  
LOBBYIST REGISTRATION**  
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK  
2017 MAY 2 A 10:30

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) <b>Sheila Cockrel</b>	<b>2. REGISTRANT'S ID NUMBER</b> <u>2017-1a</u>
--	--

<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) Crossroads Consulting 2020 14th Street, #201 Detroit, MI 48216	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600
--	--

<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.)	<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" 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)
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<b>6. NAME AND ADDRESS OF CLIENT(S)</b> Detroit Regional Chamber One Woodward Avenue, Suite 1900 Detroit, MI 48232
---

**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.

Sheila Cockrel  
 Type or print name of registrant.

Sheila Cockrel  
 Signature

Subscribed and sworn to me this sworn to before me  
 this 28 day of APRIL, 2017  
Florann Lograsso  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: November 13, 2019



FLORANN LOGRASSO  
 NOTARY PUBLIC, STATE OF MI  
 COUNTY OF WAYNE  
 MY COMMISSION EXPIRES Nov 13, 2019  
 ACTING IN COUNTY OF Wayne

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

2017 MAY -2 A 10: 36

**CITY OF DETROIT  
LOBBYIST REGISTRATION**


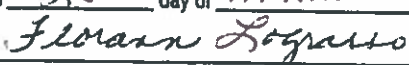
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) Sheila Cockrel		<b>2. REGISTRANT'S ID NUMBER</b> 2017-1b
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, Mi 48216		<b>4. TELEPHONE NUMBER(S)</b> 313,338-3772 313,3199600
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Registered lobbyist under Federal Law</li> <li><input type="checkbox"/> Registered lobbyist under Michigan Law</li> <li><input type="checkbox"/> Registered lobbyist in other states (name state(s)):</li> <li><input checked="" type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials</li> <li><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)</li> </ul>		
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> Total Outdoor 414 Stewart Stree #204 Seattle, WA 98101		
<b>7. VERIFICATION</b> 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.		
Sheila Cockrel Type or print name of registrant  Signature		
Subscribed and sworn to me this sworn to before me this <u>25th</u> day of <u>APRIL</u> , 2017  Notary Public, Wayne County, Michigan My Commission Expires: <u>November 13, 2019</u>		
FLORANN LOGRASSO NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Nov 13, 2019 ACTING IN COUNTY OF <u>Wayne</u>		

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

2017 MAY -2 A 10:36

**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) <b>Sheila Cockrel</b>		2. REGISTRANT'S ID NUMBER <b>2017-1c</b>	
3. BUSINESS ADDRESS (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, Mi 48216		4. TELEPHONE NUMBER(S) <b>313,338-3772 313,3199600</b>	
6. TYPE OF LOBBYIST (Check all applicable boxes.)			
<input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" 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) Comcast Heartland Region 41112 Concept Dr Plymouth, MI 48170			
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.			
Sheila Cockrel			
Type or print name of registrant			
			
Signature			
Subscribed and sworn to me this sworn to before me			
this <u>28</u> day of <u>APRIL</u> <u>2017</u>			
			
Notary Public, Wayne County, Michigan			
My Commission Expires: <u>November 13, 2017</u>			
FLORANN LOGRASSO NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Nov 13, 2019 ACTING IN COUNTY OF <u>Wayne</u>			

**FOR OFFICIAL USE ONLY:**


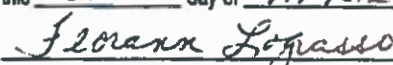
DATE OF ANNUAL REGISTRATION		THIS REGISTRATION IS VALID		Amount of fee paid
Month	Day	Year	From Month Day Year	Date of payment
			To Month Day Year	

OFFICE OF THE  
DETROIT CITY CLERK

2017 MAY -2 A 10: 36

### CITY OF DETROIT LOBBYIST REGISTRATION

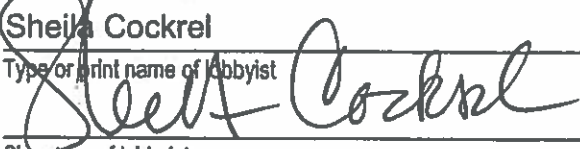
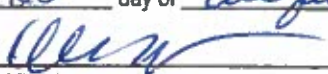
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) Sheila Cockrel		<b>2. REGISTRANT'S ID NUMBER</b> 2017-1d
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) Crossroads Consulting 2020 14th Street Room 201 Detroit, MI 48216		<b>4. TELEPHONE NUMBER(S)</b> 313,338-3772 313,3199600
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <input type="checkbox"/> Registered lobbyist under Federal Law <input type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input checked="" 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)		
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> MPS Group 38755 Hillis Tech Drive Farmington Hills, MI 48331		
<b>7. VERIFICATION</b> 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.  Sheila Cockrel Type or print name of registrant  Signature  Subscribed and sworn to me this sworn to before me this 23 <sup>rd</sup> day of APRIL, 2017  Notary Public, Wayne County, Michigan My Commission Expires: November 12, 2019		
<b>FOR OFFICIAL USE ONLY:</b>		
<b>DATE OF ANNUAL REGISTRATION</b> Month: Day: Year:	<b>THIS REGISTRATION IS VALID:</b> From: Month: Day: Year: To: Month: Day: Year:	<b>Amount of fee paid:</b> Date of payment:

FLORANN LOGRASSO  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Nov 13, 2019  
ACTING IN COUNTY OF Wayne

# 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> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, Rm 201, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">May</td> <td style="border-bottom: 1px solid black; width: 10%;">2</td> <td style="border-bottom: 1px solid black; width: 60%;">2017</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> IPR Great Lakes/Inland Pipe Rehabilitation									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>									
<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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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.									
Sheila Cockrel Type or print name of lobbyist									
 Signature of lobbyist									
Subscribed and sworn to me this sworn to before me									
this <u>20<sup>th</sup></u> day of <u>August</u> , 2017									
 Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/2024</u>									
<b>FOR OFFICIAL USE ONLY:</b>									
Amount of fee paid: _____		Date of payment: _____							

CITY CLERK 1 SEP 2017 AM 11:13

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

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

**5. NAME AND ADDRESS OF CLIENT(S)**

Effective June 1, 2017, I do not represent the following client(s):  
 Detroit Regional Chamber  
 One Woodward Avenue, Suite 1900  
 Detroit, MI 48232

Effective June 1, 2017, I represent the following client(s):  
 Agronomos, LLC  
 2520 22nd Street  
 Detroit, MI 48216

**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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of August 2017

*[Signature]*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 7/30/24

**FOR OFFICIAL USE ONLY**

Amount of fee paid: \_\_\_\_\_ Date of payment: \_\_\_\_\_



# CITY OF DETROIT QUARTERLY REPORT

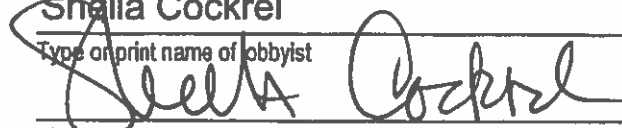
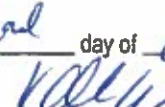
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, Rm 201, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> Total Outdoor									
<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: 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%; text-align: center;"> <p style="font-size: 1.2em;">Met with elected or appointed members of the executive and/or legislative branches.</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>						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 2.30	9c. \$ 2.30						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 2.30	9d. \$ 2.30						
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>22<sup>nd</sup></u> day of <u>August</u> , <u>2017</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>									
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: _____ Date of payment: _____									

CITY CLERK 1 SEP 2017 AM 11:15

# CITY OF DETROIT QUARTERLY REPORT

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

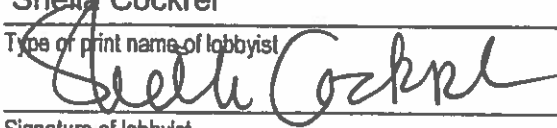

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> May            2            2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)															
<b>7. NAME OF CLIENT</b> Comcast Heartland Region																
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.																
<b>9. EXPENDITURES BY CATEGORY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">THIS REPORTING QUARTER</th> <th style="width: 35%;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....</td> <td style="text-align: right; padding: 2px;">9a. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9a. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="text-align: right; padding: 2px;">9b. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9b. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9c. ALL OTHER LOBBYING EXPENDITURES .....</td> <td style="text-align: right; padding: 2px;">9c. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9c. \$ 0.00</td> </tr> <tr> <td style="padding: 2px;">9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c).....</td> <td style="text-align: right; padding: 2px;">9d. \$ 0.00</td> <td style="text-align: right; padding: 2px;">9d. \$ 0.00</td> </tr> </tbody> </table>		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. \$ 0.00	9a. \$ 0.00	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00	9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00
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<b>10. VERIFICATION</b>  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. Sheila Cockrel <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small>  Subscribed and sworn to me this sworn to before me this <u>22<sup>nd</sup></u> day of <u>August</u> 2017  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>																

**FOR OFFICIAL USE ONLY:** Amount of fee paid: \_\_\_\_\_ Date of payment: \_\_\_\_\_

CITY CLERK 1 SEP 2017 AM 11:14

# 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> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, Rm 201, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 (313) 319-9600  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;">May</td> <td style="border-bottom: 1px solid black; width: 10%;">2</td> <td style="border-bottom: 1px solid black; width: 60%;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> MPS Group									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>						
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b> 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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>August</u> , <u>2017</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>									
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: _____ Date of payment: _____									

CITY CLERK 1 SEP 2017 AM 11:14

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

OFFICE OF THE  
DETROIT CITY CLERK  
2018 DEC 11 A 9:50

<p>1. LOBBYIST'S NAME <b>Sheila Cockrel</b></p>	<p>2. LOBBYIST'S ID NUMBER <b>2017-2e</b></p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b></p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b></p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective February 1, 2018, I do not represent the following client(s):  
**Agronomos, LLC**

Effective \_\_\_\_\_, I represent the following client(s):

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.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 30<sup>th</sup> day of November, 2018

*Kelly Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: 7/30/24



**FOR OFFICIAL USE ONLY:**

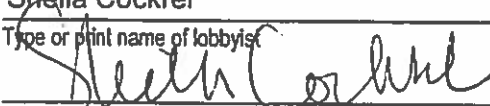
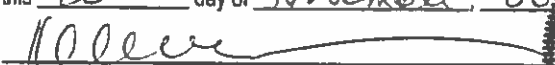

Amount of fee paid: 7.25 Date of payment: 12/11/18

# 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

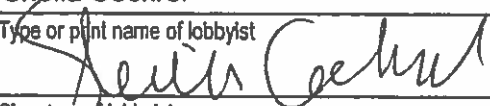
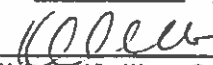

2018 DEC 11 A 9:51

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> IPR Great Lakes/Inland Pipe Rehabilitation									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November, 2018  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24 									
<b>FOR OFFICIAL USE ONLY:</b>									
Amount of fee paid		Date of payment							
\$ 25.00		12/11/18							

# 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 CLERK  
DEC 11 A 9:50

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
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May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> IPR Great Lakes/Inland Pipe Rehabilitation									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
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<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: \$ 25.00 Date of payment: 12/11/18									

# 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

2018 DEC 11 A 9:50

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" 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)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
IPR Great Lakes/Inland Pipe Rehabilitation

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

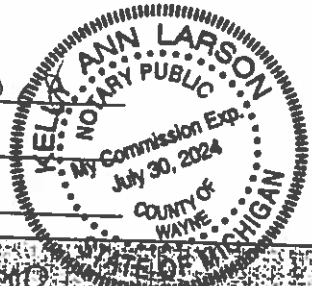
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 30th day of November, 2018

*[Signature]*  
Notary Public, Wayne County, Michigan  
My Commission Expires: 7/30/24



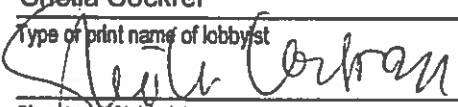
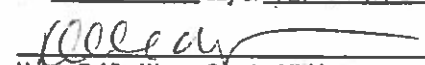
**FOR OFFICIAL USE ONLY**

Amount of fee paid: \$15.00      Date of payment: 12/11/18

# CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE  
DETROIT CITY CLERK

**TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT** 2019 DEC 11 A 9:50  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-26	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> Total Outdoor			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
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FOR OFFICIAL USE ONLY Amount of fee paid: _____ Date of payment: 12/11/19			


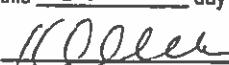





# CITY OF DETROIT QUARTERLY REPORT

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  
DEC 11 A 9:51

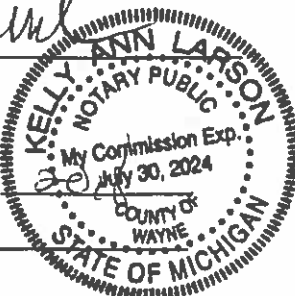
<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> Total Outdoor			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b> 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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November 2017  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24 			
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: \$ 25.00      Date of payment: 12/11/18			

# CITY OF DETROIT QUARTERLY REPORT

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

2018 DEC 11 A 9:54

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>		2. LOBBYIST'S ID NUMBER <b>2017-2b</b>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>May</u> <u>2</u> <u>2017</u> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT <b>Total Outdoor</b>			
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>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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. <b>Sheila Cockrel</b> Type or print name of lobbyist  <i>Sheila Cockrel</i> Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>30<sup>th</sup></u> day of <u>November</u>  <i>[Signature]</i> Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>			


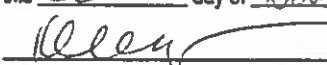



FOR OFFICIAL USE ONLY  
Amount of fee paid: 25.00 Date of payment: 12/11/18

# 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  
2018 DEC 11 A 9:57

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> Comcast Heartland Region			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>			
<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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24			
<div style="text-align: center;">  </div>			
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: \$ 15      Date of payment: 12/11/18			

# 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 CLERK

2018 DEC 11 A 9:50

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
--	--

**7. NAME OF CLIENT**  
COMCAST HEARTLAND REGION

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

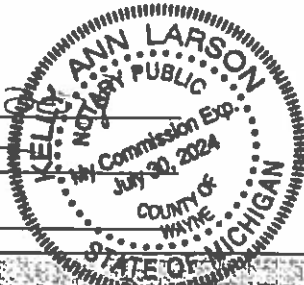
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 30<sup>th</sup> day of November, 2018

*Kellie Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: 7/30/24



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$25 Date of payment: 12/11/18

# CITY OF DETROIT QUARTERLY REPORT

2016 DEC 11 A 9:51

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

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2c</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <u>May</u> <u>2</u> <u>2017</u> Month                  Day                  Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT  
**COMCAST HEARTLAND REGION**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

10. VERIFICATION

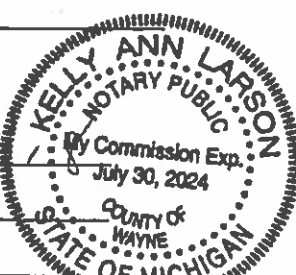
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 30<sup>th</sup> day of November, 2017

KOOC  
Notary Public, Wayne County, Michigan  
My Commission Expires: 7/30/24



FOR OFFICIAL USE ONLY

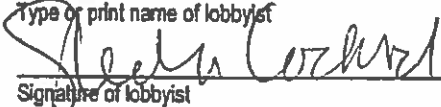

Amount of fee paid: 9.25      Date of payment: 12/11/18

# 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

2018 DEC 11 A 9:57

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>May</span> <span>2</span> <span>2017</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 ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> MPS Group			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 70%;"> <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER.                      (Provide a brief description and, if necessary, attach additional sheets.)                 </div> <div style="width: 25%; text-align: center;"> <input checked="" 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>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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.  Sheila Cockrel _____ Type or print name of lobbyist   _____ Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>30<sup>th</sup></u> day of <u>November</u> , 20 <u>17</u>  _____ Notary Public, Wayne County, Michigan My Commission Expires: <u>7/30/24</u>			
			
<b>FOR OFFICIAL USE ONLY:</b>			
Amount of fee paid: <u>25</u>		Date of payment: <u>12/11/18</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)

REC 11 A 9:51

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
MPS Group

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 \_\_\_\_\_  
 Type or print name of lobbyist

*Sheila Cockrel*  
 \_\_\_\_\_  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 30<sup>th</sup> day of November, 2017

*Kellee*  
 \_\_\_\_\_  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 7/30/24



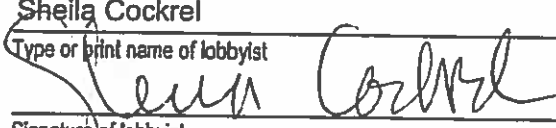
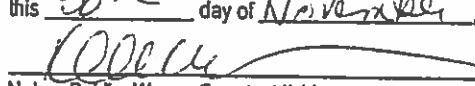

**FOR OFFICIAL USE ONLY:**

Amount of fee paid \$ 25.00 Date of payment 12/11/18

OFFICE OF THE  
DETROIT CITY CLERK  
2018 DEC 11 A 9:50

## 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> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> MPS Group									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November 2017  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24									
<div style="text-align: center;">  </div>									
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: 2.25 Date of payment: 12/11/18									

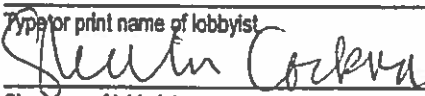
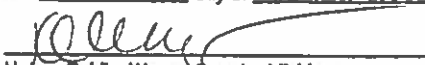
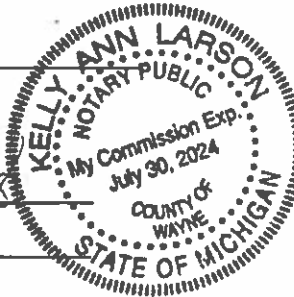


# CITY OF DETROIT QUARTERLY REPORT

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)

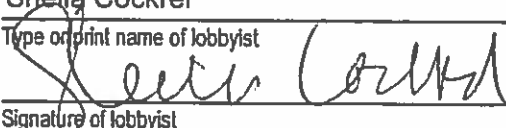
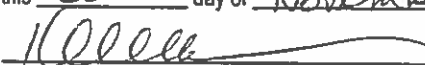

DEC 11 A 9:58

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b>  (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">May</td> <td style="text-align: center; width: 33%;">2</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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b>  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> Accenture, LLP									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>  <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<table style="width: 100%; border: none;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">THIS REPORTING QUARTER</th> <th style="width: 25%;">REGISTRATION DATE THROUGH END OF THIS QUARTER</th> </tr> </table>			THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER			
	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. \$ 0.00 _____							
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00 _____							
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00 _____							
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00 _____							
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November, 2017  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24 									
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: _____ Date of payment: 12/11/18									

# 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  
2018 DEC 11 A 9:50

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> Accenture, LLP									
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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November, 2018  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24  									
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: \$ 25.00 Date of payment: 12/11/18									

# CITY OF DETROIT QUARTERLY REPORT

2018 DEC 11 A 9:50

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

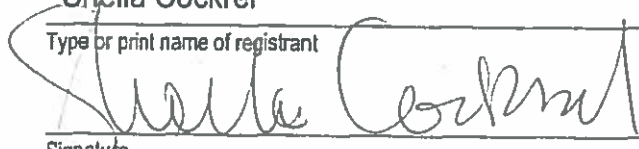

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> Accenture, LLP									
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 30 <sup>th</sup> day of November  Notary Public, Wayne County, Michigan My Commission Expires: 7/30/24									
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <b>FOR OFFICIAL USE ONLY</b> </div> <div style="text-align: center;">  </div> <div style="text-align: right;">                 Date of payment: 12/11/18             </div> </div>									

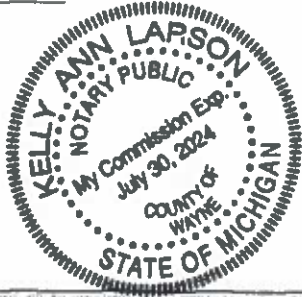
# CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK

2019 NOV 25 A 10:07

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) Sheila Cockrel	<b>2. REGISTRANT'S ID NUMBER</b> 2017-2a-f
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101 Detroit, MI 48216	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit.</li> <li><input type="checkbox"/> Registered lobbyist under Federal Law</li> <li><input type="checkbox"/> Registered lobbyist under Michigan Law</li> <li><input type="checkbox"/> Registered lobbyist in other states (name state(s)):</li> <li><input type="checkbox"/> A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials</li> <li><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)</li> </ul>	
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> Total Outdoor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Zen Republic, LLC, 520 North Main Street, Royal Oak, MI 48067 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103	
<b>7. VERIFICATION</b>  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.	
Sheila Cockrel Type or print name of registrant   Signature	
Subscribed and sworn to me this sworn to before me this <u>25<sup>th</sup></u> day of <u>November</u>   Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>	



FOR OFFICIAL USE ONLY:			
<b>DATE OF ANNUAL REGISTRATION</b> 05 - 02 - 2017 Month Day Year	<b>THIS REGISTRATION IS VALID:</b> From 05 - 02 - 2019 Month Day Year To 05 - 02 - 2020 Month Day Year	Amount of fee paid: \$ 125.00	Date of payment: 11 - 25 - 2019

*[Handwritten signature]*

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

OFFICE OF THE  
DETROIT CITY CLERK  
2019 NOV 22 P 3:22

<p>1. LOBBYIST'S NAME <b>Sheila Cockrel</b></p>	<p>2. LOBBYIST'S ID NUMBER <b>2017-a-f</b></p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b></p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) <b>(313) 338-3772 (313) 319-9600</b></p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective September 1, 2019, I do not represent the following client(s):

Effective \_\_\_\_\_, I represent the following client(s):

**Accenture, LLC**

6. VERIFICATION

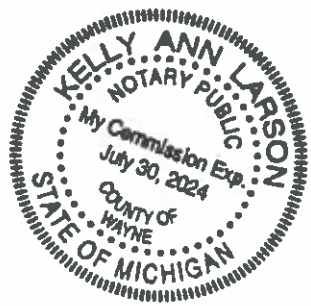
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of November 2019

*Kelly Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 15.00 Date of payment: 11-22-19

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

OFFICE OF THE  
DETROIT CITY CLERK  
2019 NOV 22 P 3:22

<p>1. LOBBYIST'S NAME <b>Sheila Cockrel</b></p>	<p>2. LOBBYIST'S ID NUMBER <b>2017-a-f</b></p>
<p>3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b></p> <p><input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX</p>	<p>4. TELEPHONE NUMBER(S) <b>(313) 338-3772 (313) 319-9600</b></p> <p><input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX</p>

5. NAME AND ADDRESS OF CLIENT(S)

Effective \_\_\_\_\_, I do not represent the following client(s):

Effective May 3, 2019, I represent the following client(s):

**Zen Republic, LLC**

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.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of November, 2019

Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

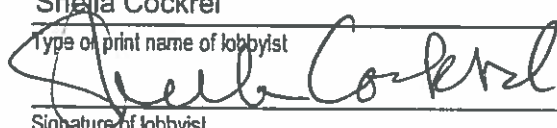

Amount of fee paid: \$ 15.00      Date of payment: 11.23.2019

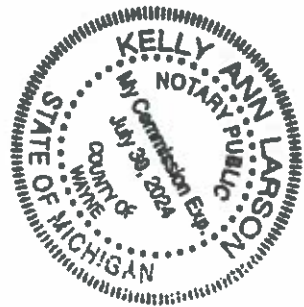
*8*

**CITY OF DETROIT  
QUARTERLY REPORT**  
TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK

2019 NOV 22 P 3:22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address): 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> Accenture, LLP			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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.  Sheila Cockrel Type of print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 22 <sup>nd</sup> day of November, 2019   Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
<b>FOR OFFICIAL USE ONLY:</b>		Amount of fee paid: \$ 25.00	Date of payment: 11.22.19



**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**  
 2019 NOV 22 P 3 22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
--	--

**7. NAME OF CLIENT**  
 Accenture, LLP

**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. \$ 0.00	9a. \$ 0.00
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9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22<sup>nd</sup> day of November, 2019

*Kellen*  
Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 11.22.2019



**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 22 P 3:22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2f
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
--	--

**7. NAME OF CLIENT**  
 Accenture, LLP

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22<sup>nd</sup> day of November, 2019

*Kelly Ann Larson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

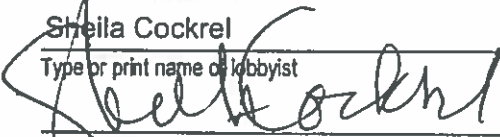

Amount of fee paid: \$ 25.00      Date of payment: 11.22.19

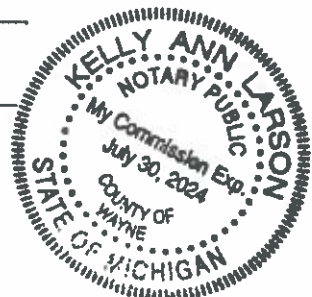
# CITY OF DETROIT QUARTERLY REPORT

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**

2019 NOV 22 P 3 221

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> COMCAST HEARTLAND REGION									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>						
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 22nd day of November 2019  Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>FOR OFFICIAL USE ONLY:</b></td> <td style="width: 30%; text-align: center;">Amount of fee paid: \$ 25.00</td> <td style="width: 40%; text-align: right;">Date of payment: 11.22.19</td> </tr> </table>				<b>FOR OFFICIAL USE ONLY:</b>	Amount of fee paid: \$ 25.00	Date of payment: 11.22.19			
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# CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER  
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OFFICE OF THE  
DETROIT CITY CLERK

2019 NOV 22 P 3 22 I

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c
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<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX
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May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
COMCAST HEARTLAND REGION

**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.

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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

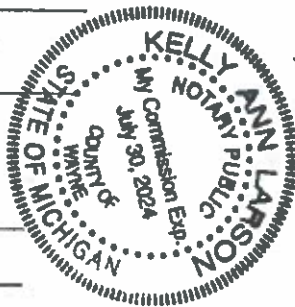
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type of print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22<sup>nd</sup> day of November, 2019

*[Signature]*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 11-22-19

**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 22 P 3:22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
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**7. NAME OF CLIENT**  
 COMCAST HEARTLAND REGION

**8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER**

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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
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**10. VERIFICATION**

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Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of November, 2019

*Kellen*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

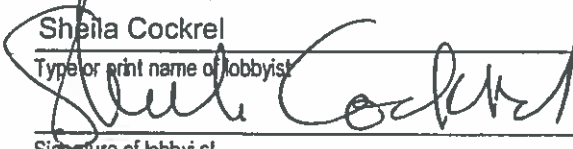

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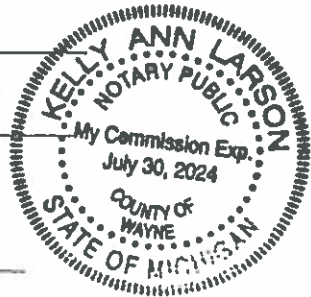
# CITY OF DETROIT QUARTERLY REPORT

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**OFFICE OF THE  
DETROIT CITY CLERK**

**2019 NOV 22 P 3 22**

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c															
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<b>10. VERIFICATION</b>  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. Sheila Cockrel Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>November</u> , <u>2019</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>																
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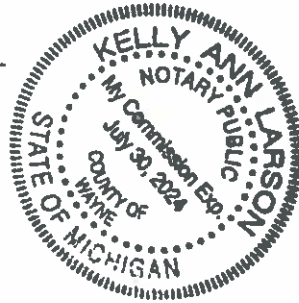


# CITY OF DETROIT QUARTERLY REPORT

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  
2019 NOV 22 P 3 231

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
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May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> IPR Great Lakes/Inland Pipe Rehabilitation									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>									
<input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)									
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OFFICE OF THE  
DETROIT CITY CLERK  
2019 NOV 22 P 3:23

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

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**7. NAME OF CLIENT**  
IPR Great Lakes/Inland Pipe Rehabilitation

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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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....	9d. \$ 0.00	9d. \$ 0.00

**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.

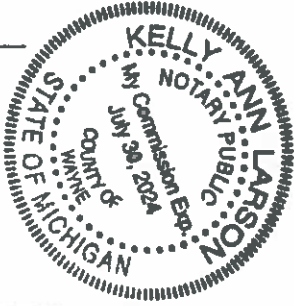
Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22nd day of November, 2019

*Kellen*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

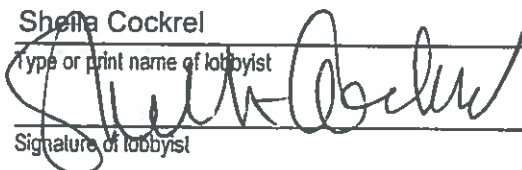

Amount of fee paid: \$ 25.00 Date of payment: 11.22.19

# 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

2019 NOV 22 P 3:22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)		
<b>7. NAME OF CLIENT</b> IPR Great Lakes/Inland Pipe Rehabilitation			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>	<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>	
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ 0.00	9a. \$ 0.00	
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00	
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00	
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00	
<b>10. VERIFICATION</b>  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.  Sheila Cockrel <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small>  Subscribed and sworn to me this sworn to before me this 22 <sup>nd</sup> day of November 2019  Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <b>FOR OFFICIAL USE ONLY:</b> </div> <div style="text-align: center;">                 Amount of fee paid: \$ 25.00             </div> <div style="text-align: right;">                 Date of payment: 11.22.19             </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)

OFFICE OF THE  
 DETROIT CITY CLERK  
 2019 NOV 22 P 3 231

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2</b>
---	--

3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>
<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%"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT  
**IPR Great Lakes/Inland Pipe Rehabilitation**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

10. VERIFICATION

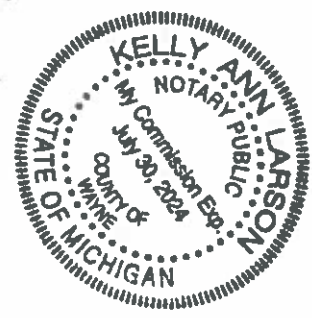
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of November 2019

*Kelly*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00 Date of payment: 11.22.19

**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

2019 NOV 22 P 3:23

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2d</b>
---	---

3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>
<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 <u>May</u> <u>2</u> <u>2017</u> Month                  Day                  Year <small>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</small>	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
--	---

7. NAME OF CLIENT  
**MPS Group**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</u>

10. VERIFICATION

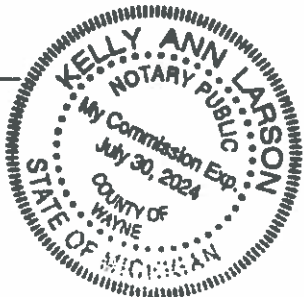
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of November 2019

*Kelly Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:


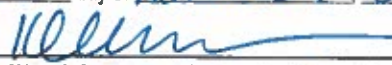
Amount of fee paid \$ 25.00      Date of payment 11.22.19

# 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

2019 NOV 22 P 3:23

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> MPS Group			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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.  Sheila Cockrel <small>Type or print name of lobbyist</small>  <small>Signature of lobbyist</small>  Subscribed and sworn to me this _____ day of _____, 2019 this <u>22<sup>nd</sup></u> day of <u>November</u> , 2019  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>			
<b>FOR OFFICIAL USE ONLY</b>		Amount of fee paid: <u>\$ 25.00</u>	Date of payment: <u>11.22.19</u>



# 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  
2019 NOV 22 P 3 231

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2d
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
MPS Group

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

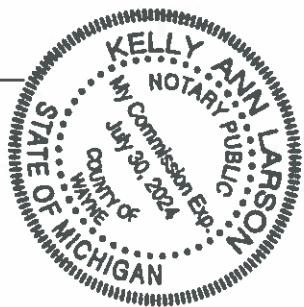
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of November, 2019

*Kellen*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**


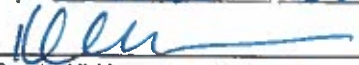
Amount of fee paid: \$ 25.00      Date of payment: 11.22.19

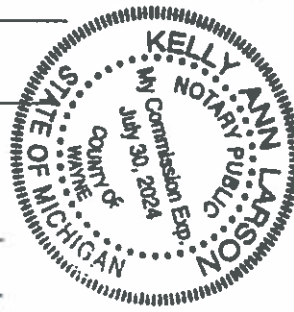
**CITY OF DETROIT  
QUARTERLY REPORT**

**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 22 P 3 231

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>		2. LOBBYIST'S ID NUMBER <b>2017-2d</b>							
3. BUSINESS ADDRESS (All mail will be sent to this address)  <b>2020 14th Street, #101, Detroit, MI 48216</b>		4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>							
<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-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;"><u>May</u></td> <td style="text-align: center; width: 33%;"><u>2</u></td> <td style="text-align: center; width: 33%;"><u>2017</u></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)		<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	6. PERIOD FOR THIS REPORT  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<u>May</u>	<u>2</u>	<u>2017</u>							
Month	Day	Year							
7. NAME OF CLIENT <b>MPS Group</b>									
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>0.00</u>	9a. \$ <u>0.00</u>						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....		9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>						
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....		9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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. <b>Sheila Cockrel</b> Type or print name of lobbyist  Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>22<sup>nd</sup></u> day of <u>November</u> <u>2019</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>									
<b>FOR OFFICIAL USE ONLY:</b>		Amount of fee paid: <u>\$25.00</u>	Date of payment: <u>11.22.19</u>						


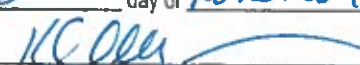



**CITY OF DETROIT  
QUARTERLY REPORT**

OFFICE OF THE  
DETROIT CITY CLERK

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
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2019 NOV 22 P 3:22

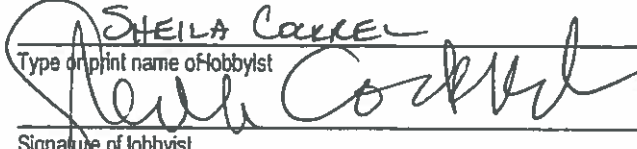

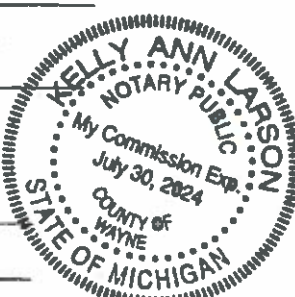
<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 388-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> TOTAL OUTDOOR			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>			
<input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)			
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<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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.			
SHEILA COCKREL Type or print name of lobbyist			
 Signature of lobbyist			
Subscribed and sworn to me this sworn to before me this 22 <sup>nd</sup> day of November, 2019			
 Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
			
<b>FOR OFFICIAL USE ONLY:</b>			
Amount of fee paid: \$ 25.00		Date of payment: 11.22.19	

**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 22 P 3:22

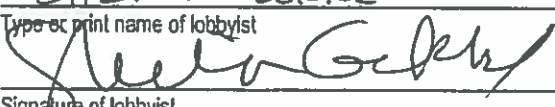

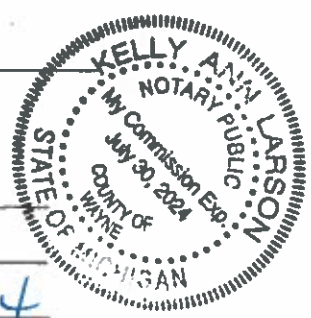
<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 388-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b>  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> TOTAL OUTDOOR			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b>			
<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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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.			
SHEILA COCKREL Type or print name of lobbyist			
 Signature of lobbyist			
Subscribed and sworn to me this sworn to before me this 22 <sup>nd</sup> day of November 2019			
 Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
			
<b>FOR OFFICIAL USE ONLY:</b>			
Amount of fee paid: \$ 25.00		Date of payment: 11-22-19	

# 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

2019 NOV 22 P 3 22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b							
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 388-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX							
<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
May	2	2017							
Month	Day	Year							
<b>7. NAME OF CLIENT</b> TOTAL OUTDOOR									
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.									
<b>9. EXPENDITURES BY CATEGORY</b>		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. \$ 0.00	9a. \$ 0.00						
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ 0.00	9b. \$ 0.00						
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00						
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0.00	9d. \$ 0.00						
<b>10. VERIFICATION</b>  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>SHEILA COCKREL</u> Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>22nd</u> day of <u>November</u> 2019   Notary Public, Wayne County, Michigan My Commission Expires: <u>July 30, 2024</u>									
									
<b>FOR OFFICIAL USE ONLY:</b>									
		Amount of fee paid <u>\$ 25.00</u>	Date of payment <u>11.22.19</u>						



**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

2019 NOV 22 P 3 221

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2b</b>
---	---

3. BUSINESS ADDRESS (All mail will be sent to this address)  <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 388-3772</b>
<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  <b>May 2 2017</b> <small>Month Day Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT  <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
--	---

7. NAME OF CLIENT  
**TOTAL OUTDOOR**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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.

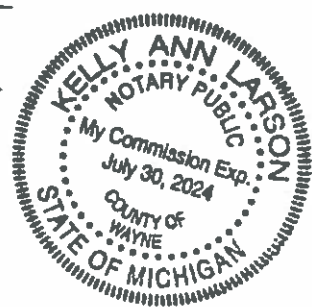
SHEILA COCKREL  
 Type or print name of lobbyist

[Signature]  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22<sup>nd</sup> day of November, 2019

[Signature]  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY**

Amount of fee paid: \$ 25.00 Date of payment: 11.22.1918

**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  
2019 NOV 22 P 3 22

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2g</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>
<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 <b>May 2 2017</b> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
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7. NAME OF CLIENT  
**Zen Republic, LLC**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of November 2019

*Kelly Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 11.22.19

**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  
 2019 NOV 22 P 3 22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel		<b>2. LOBBYIST'S ID NUMBER</b> 2017-2g	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)	
<b>7. NAME OF CLIENT</b> Zen Republic, LLC			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <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.			
<b>9. EXPENDITURES BY CATEGORY</b>		<b>THIS REPORTING QUARTER</b>	<b>REGISTRATION DATE THROUGH END OF THIS QUARTER</b>
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....		9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....		9d. \$ 0.00	9d. \$ 0.00
<b>10. VERIFICATION</b>  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. Sheila Cockrel Type or print name of lobbyist _____ Signature of lobbyist  Subscribed and sworn to me this sworn to before me this 22 <sup>nd</sup> day of November 2019 _____ Notary Public, Wayne County, Michigan My Commission Expires: July 30, 2024			
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: \$ 25.00      Date of payment: 11.22.19			



**CITY OF DETROIT**  
**LOBBYIST REGISTRATION**  
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE  
**DETROIT CITY CLERK**  
 2020 OCT 23 P 2:22

1. REGISTRANT'S NAME (Only one person may register with this form) <b>Sheila Cockrel</b>		2. REGISTRANT'S ID NUMBER <b>2017-2a-f</b>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101 Detroit, MI 48216</b>		4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>	
5. TYPE OF LOBBYIST (Check all applicable boxes.)			
<input checked="" type="checkbox"/> Registered as a lobbyist/consultant in the city of Detroit.		<input type="checkbox"/> Registered lobbyist under Federal Law <input 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)			
Total Outdoor, 414 Stewart St. #204, Seattle, WA 98101 IPR Great Lakes/Inland Pipe Rehabilitation, 1510 Klondike Rd, Conyers, GA 30094 Zen Republic, LLC, 520 North Main Street, Royal Oak, MI 48067 MPS Group, 38755 Hills Tech Dr., Farmington Hills, MI 48331 Comcast, One Comcast Center, Philadelphia, PA 19103		Godfrey Hotel PropCo, 1209 Orange St., Wilmington, DE 19801 Revere Dock, LLC, 2217 Lake Ave., North Muskegon, MI 49445 Detroit Axe, 1375 Michigan Ave., Detroit, MI 48226	

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.

**Sheila Cockrel**  
 Type or print name of registrant

*Sheila Cockrel*  
 Signature

Subscribed and sworn to me this sworn to before me  
 this 22<sup>nd</sup> day of October, 2020

*[Signature]*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2021



**FOR OFFICIAL USE ONLY:**

DATE OF ANNUAL REGISTRATION <b>05 - 02 - 2017</b> <small>Month Day Year</small>	THIS REGISTRATION IS VALID: From <b>5 - 02 - 2020</b> <small>Month Day Year</small> To <b>05 - 02 - 2021</b> <small>Month Day Year</small>	Amount of fee paid: <b>\$125.00</b> Date of payment: <b>10-23-2020</b>
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**CITY OF DETROIT  
SUPPLEMENT TO LOBBYIST REGISTRATION  
TO ADD OR REMOVE CLIENTS**

OFFICE OF THE  
DETROIT CITY CLERK

1. LOBBYIST'S NAME

**Sheila Cockrel**

2. LOBBYIST'S ID NUMBER

**2017-a-f**

2020 OCT 23 P 3:50

3. BUSINESS ADDRESS (All mail will be sent to this address)

2020 14th Street, #101, Detroit, MI 48216

4. TELEPHONE NUMBER(S)

313 338-3772 313 319-9600

IF THIS ADDRESS HAS CHANGED, CHECK BOX

IF A NUMBER HAS CHANGED, CHECK BOX

5. NAME AND ADDRESS OF CLIENT(S)

Effective June 1, 2020, I do not represent the following client(s):

Revere Dock, LLC  
Total Outdoor, LLC  
Zen Republic, LLC

Effective February 1, 2020, I represent the following client(s):

Revere Dock, LLC

Effective March 1, 2020, I represent the following client(s):

Detroit Axe, LLC  
Godfrey Detroit PropCo, LLC

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.

**Sheila Cockrel**

Type or print name of lobbyist

*Sheila Cockrel*

Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid:

**\$15.00**

Date of payment:

**10/23/2020**

*(Handwritten mark)*

# CITY OF DETROIT QUARTERLY REPORT

TO BE FILED BY REGISTERED LOBBYIST FOR DETROIT CITY CLERK  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2d</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) (313) <b>338-3772</b>
<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; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)	May	2	2017	Month	Day	Year	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)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT  
**MPS Group**

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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....	9d. \$ 0.00	9d. \$ 0.00

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.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

*Kelly Ann Larson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

**CITY OF DETROIT**  
**QUARTERLY REPORT** OFFICE OF THE  
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER BY THE CITY CLERK  
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2-231

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2d</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <table style="width:100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT  <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" 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)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT  
 MPS Group

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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

10. VERIFICATION

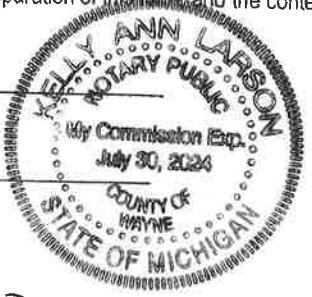
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*Kelly Ann Larson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

# 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 OCT 23 P 2:23  
2. LOBBYIST'S ID NUMBER  
2017-2d

1. LOBBYIST'S NAME  
**Sheila Cockrel**

3. BUSINESS ADDRESS (All mail will be sent to this address)  
**2020 14th Street, #101, Detroit, MI 48216**

IF THIS ADDRESS HAS CHANGED, CHECK BOX

4. TELEPHONE NUMBER(S)  
**(313) 338-3772**

IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION  
May 2 2017  
Month Day Year  
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)

6. PERIOD FOR THIS REPORT

1st Quarter (ending 3 months after annual registration)  
 2nd Quarter (ending 6 months after annual registration)  
 3rd Quarter (ending 9 months after annual registration)  
 4th Quarter (ending 12 months after annual registration)

7. NAME OF CLIENT  
**MPS Group**

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.

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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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.

**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of October, 2020

*[Signature]*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020



**CITY OF DETROIT**  
**QUARTERLY REPORT OFFICE OF THE**  
**DEPUTY CLERK**  
 TO BE FILED BY REGISTERED LOBBYIST FOR DETROIT CITY  
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23  
 2. LOBBYIST'S ID NUMBER  
 2017-2

1. LOBBYIST'S NAME  
 Sheila Cockrel

3. BUSINESS ADDRESS (All mail will be sent to this address)  
 2020 14th Street, #101, Detroit, MI 48216  
 IF THIS ADDRESS HAS CHANGED, CHECK BOX

4. TELEPHONE NUMBER(S)  
 (313) 338-3772  
 IF A NUMBER HAS CHANGED, CHECK BOX

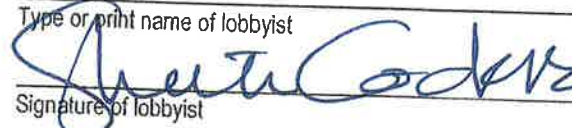
5. DATE OF ANNUAL REGISTRATION  
 May 2 2017  
 Month Day Year  
 (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)

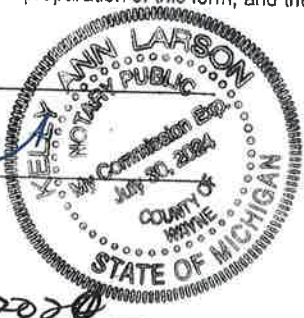
6. PERIOD FOR THIS REPORT  
 1st Quarter (ending 3 months after annual registration)  
 2nd Quarter (ending 6 months after annual registration)  
 3rd Quarter (ending 9 months after annual registration)  
 4th Quarter (ending 12 months after annual registration)

7. NAME OF CLIENT  
 IPR Great Lakes/Inland Pipe Rehabilitation

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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.  
 Sheila Cockrel  
 Type or print name of lobbyist  
  
 Signature of lobbyist  
 Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020  
  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:  
 Amount of fee paid: \$ 25.00  
 Date of payment: 10/23/2020

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 OCT 23 P 2 231

1. LOBBYIST'S NAME  
**Sheila Cockrel**

2. LOBBYIST'S ID NUMBER  
**2017-2**

3. BUSINESS ADDRESS (All mail will be sent to this address)  
**2020 14th Street, #101, Detroit, MI 48216**

4. TELEPHONE NUMBER(S)  
**(313) 338-3772**

IF THIS ADDRESS HAS CHANGED, CHECK BOX

IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION  
**May 2 2017**  
Month Day Year  
(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)

6. PERIOD FOR THIS REPORT

1st Quarter (ending 3 months after annual registration)  
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**IPR Great Lakes/Inland Pipe Rehabilitation**

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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ 0.00	9a. \$ 0.00
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**Sheila Cockrel**  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist



Subscribed and sworn to me this sworn to before me  
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*Ann Larson*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024

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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 OCT 23 P 2:23

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <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)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
IPR Great Lakes/Inland Pipe Rehabilitation

**8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER**

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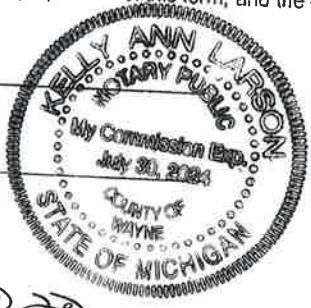
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**10. VERIFICATION**

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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*Kelly Ann Larson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

**CITY OF DETROIT**  
**QUARTERLY REPORT** OFFICE OF THE  
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT CITY CLERK  
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2:23

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2c</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>
<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 border="0"> <tr> <td align="center"><u>May</u></td> <td align="center"><u>2</u></td> <td align="center"><u>2017</u></td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<u>May</u>	<u>2</u>	<u>2017</u>	Month	Day	Year	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)
<u>May</u>	<u>2</u>	<u>2017</u>					
Month	Day	Year					

7. NAME OF CLIENT  
**COMCAST HEARTLAND REGION**

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. \$ <u>0.00</u>	9a. \$ <u>0.00</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ <u>0.00</u>	9b. \$ <u>0.00</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0.00</u>	9c. \$ <u>0.00</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0.00</u>	9d. \$ <u>0.00</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.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

*Keller*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10.23.2020

# 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

2020-06-19 P 2:23  
2017-2c

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input checked="" type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
COMCAST HEARTLAND REGION

**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. \$ 0.00	9a. \$ 0.00
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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.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of October, 2020



*Keller*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10.23.2020

# 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 OCT 23 5 00 PM '20

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2c
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
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**7. NAME OF CLIENT**  
COMCAST HEARTLAND REGION

**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.

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Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020



*K Larson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

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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 OCT 23 P 2:22

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2j
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

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**7. NAME OF CLIENT**  
Detroit Axe

**8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER**

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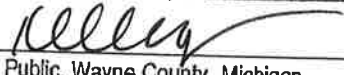
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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 (Type or print name of lobbyist)  
  
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020  
  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

**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 OCT 23 P 2:23

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>	2. LOBBYIST'S ID NUMBER <b>2017-2j</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>	4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>
<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 border="0"> <tr> <td align="center">May</td> <td align="center">2</td> <td align="center">2017</td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" 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)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT  
 Detroit Axe

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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me  
 this 23rd day of October, 2020

*Kelly*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00 Date of payment: 10/23/2020



# CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE  
DETROIT CITY CLERK**

2020 OCT 23 P 2-231

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2j
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b>  <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)
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**7. NAME OF CLIENT**  
Detroit Axe

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
Type or print name of lobbyist  
  
Signature of lobbyist



Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10-23-2020

# CITY OF DETROIT QUARTERLY REPORT

OFFICE OF THE  
DETROIT CITY CLERK

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

2020 OCT 23 P 2: 231

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2i
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 <small>Month                      Day                      Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b>  <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)
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**7. NAME OF CLIENT**  
 Godfrey Detroit PropCo, LLC

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*William*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

**CITY OF DETROIT  
 QUARTERLY REPORT OFFICE OF THE  
 TO BE FILED BY REGISTERED LOBBYIST FOR EACH QUARTER CITY CLERK**  
 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2020 OCT 23 P 2: 231

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2i
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May                      2                      2017 _____ Month                      Day                      Year  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" 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)
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**7. NAME OF CLIENT**  
 Godfrey Detroit PropCo, LLC

**8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER**

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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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*Kellen*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



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Amount of fee paid: \$25.00      Date of payment: 10-23-2020

# 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 OCT 23 P 2:23

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2i
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May 2 2017 <small>Month Day Year</small> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <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)
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**7. NAME OF CLIENT**  
 Godfrey Detroit PropCo, LLC

**8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER**

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 (Provide a brief description and, if necessary, attach additional sheets.)

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9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

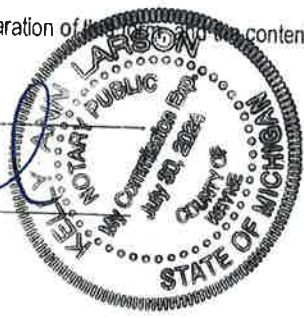
I swear, or affirm, that all reasonable diligence was used in preparation of this report and its contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*[Signature]*  
Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020

# CITY OF DETROIT QUARTERLY REPORT

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

**OFFICE OF THE  
DETROIT CITY CLERK**

2020 OCT 23 P 2:24

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2i
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <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 checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
 Godfrey Detroit PropCo, LLC

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*Kellen*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$25.00      Date of payment: 10/23/2020

**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 OCT 23 P 2:24

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2g
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address)  2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">May</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">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)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b>  <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
 Zen Republic, LLC

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c) .....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 22nd day of October, 2020

*[Signature]*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$25.00      Date of payment: 10/23/2020

# 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 OCT 23 P 2:24

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2g
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> May 2 2017 <small>Month Day Year</small>  (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	<b>6. PERIOD FOR THIS REPORT</b> <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input checked="" 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)
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**7. NAME OF CLIENT**  
Zen Republic, LLC

**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.

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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**10. VERIFICATION**

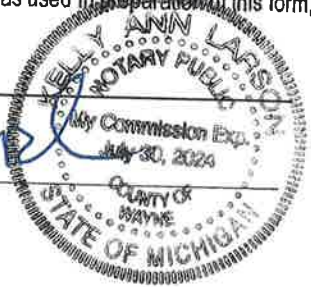
I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of October, 2020

*[Signature]*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$25.00      Date of payment: 10/23/2020

# 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 OCT 23 P 2:24

<b>1. LOBBYIST'S NAME</b> Sheila Cockrel	<b>2. LOBBYIST'S ID NUMBER</b> 2017-2b
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 2020 14th Street, #101, Detroit, MI 48216  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 338-3772 ( ) _____  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <table style="width: 100%; text-align: center;"> <tr> <td style="border-bottom: 1px solid black;">May</td> <td style="border-bottom: 1px solid black;">2</td> <td style="border-bottom: 1px solid black;">2017</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	<b>6. PERIOD FOR THIS REPORT</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2 <sup>nd</sup> Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3 <sup>rd</sup> Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4 <sup>th</sup> Quarter (ending 12 months after annual registration)
May	2	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
Total Outdoor

**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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

**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.

Sheila Cockrel  
Type or print name of lobbyist

*Sheila Cockrel*  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
this 22nd day of October, 2020

*Weller*  
Notary Public, Wayne County, Michigan  
My Commission Expires: July 30, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 10/23/2020



**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 OCT 23 P 2:24

1. LOBBYIST'S NAME <b>Sheila Cockrel</b>		2. LOBBYIST'S ID NUMBER <b>2017-2h</b>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>2020 14th Street, #101, Detroit, MI 48216</b>		4. TELEPHONE NUMBER(S) <b>(313) 338-3772</b>	
<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 border="0"> <tr> <td align="center">May</td> <td align="center">2</td> <td align="center">2017</td> </tr> <tr> <td align="center">Month</td> <td align="center">Day</td> <td align="center">Year</td> </tr> </table> (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	May	2	2017	Month	Day	Year	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)
May	2	2017					
Month	Day	Year					

7. NAME OF CLIENT  
**Revere Dock, LLC**

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. \$ 0.00	9a. \$ 0.00
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 0.00	9b. \$ 0.00
9c. ALL OTHER LOBBYING EXPENDITURES.....	9c. \$ 0.00	9c. \$ 0.00
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0.00	9d. \$ 0.00

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.

**Sheila Cockrel**  
 Type or print name of lobbyist

*Sheila Cockrel*  
 Signature of lobbyist



Subscribed and sworn to me this sworn to before me

this 22nd day of October, 2020

*Kelly M. Carlson*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: July 30, 2024

FOR OFFICIAL USE ONLY:

Amount of fee paid: \$ 25.00

Date of payment: 10/23/2020