

# CITY OF DETROIT QUARTERLY REPORT

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

2023 JAN -3 A 10:07

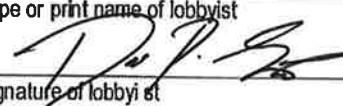
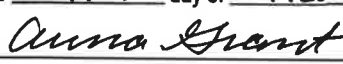
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<b>10. VERIFICATION</b>  I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.  David Seitz Type or print name of lobbyist <i>David Phillip Seitz</i> Signature of lobbyist State of Texas ; County of Harris Subscribed and sworn to me this _____ day of _____, 2022 by David Phillip Seitz  <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; padding-left: 10px;">                 Lisa Nicole Viser                   ID NUMBER                  133045738                  COMMISSION EXPIRES                  April 16, 2025             </div> </div> this <u>19th</u> day of <u>December</u> , 2022 by <u>David Phillip Seitz</u> <i>Lisa Nicole Viser</i> Notary Public, <u>Wayne County, Michigan</u> , State of Texas LNV My Commission Expires: <u>04/16/2025</u>																
Notarized online using audio-video communication																
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<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>ANNA GRANT</b>                      NOTARY PUBLIC - STATE OF MICHIGAN                      COUNTY OF MONROE                      My Commission Expires April 29, 2028                      Acting in the County of <u>Washtenaw</u> </div>																
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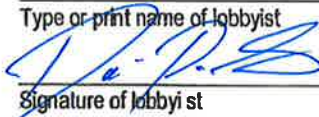
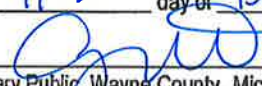
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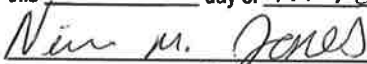
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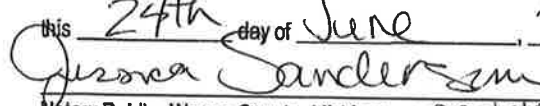
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KW

# CITY OF DETROIT QUARTERLY REPORT

RECEIVED JUL - 1 2024

**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> David Seitz	<b>2. LOBBYIST'S ID NUMBER</b> 009805 2022-11															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (415) 903-2800 (    )  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> 09                      26                      2022 _____ 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 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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Subscribed and sworn to me this sworn to before me this <u>24<sup>th</sup></u> day of <u>June</u> , 2024  _____ Notary Public, Wayne County, Michigan <u>Washtenaw County MS</u> My Commission Expires: <u>3/21/2029</u>																
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: <u>7/1/24</u> Date of payment: <u>7/1/24</u> <p style="text-align: center; color: red; font-weight: bold;">K6</p>																

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2023 JAN -3 A 10:07

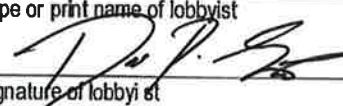
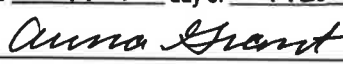
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2023 MAR 17 A 9:50

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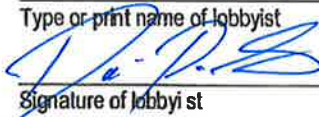
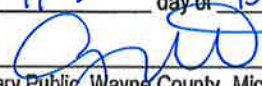
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<b>10. VERIFICATION</b> I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. David Seitz Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>19</u> day of <u>JUNE</u> , <u>2023</u>  Notary Public, Wayne County, Michigan <u>WASHTENAW</u> <u>JAB</u> My Commission Expires: <u>11-11-2029</u>																
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid <u>\$25.00</u> Date of payment <u>6/21/23</u> Kw																

# CITY OF DETROIT QUARTERLY REPORT

RECEIVED DEC 15 2023

**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> David Seitz	<b>2. LOBBYIST'S ID NUMBER</b> 009805 2022-11															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (415) 903-2800 (    )  <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> <div style="text-align: center;"> <u>09</u>                  <u>26</u>                  <u>2022</u>            Month                  Day                  Year            (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)         </div>	<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)															
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<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: <u>\$ 25.00</u> Date of payment: <u>12/15/23</u> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Kw</div>																

# CITY OF DETROIT QUARTERLY REPORT

RECEIVED MAR 20 2024

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
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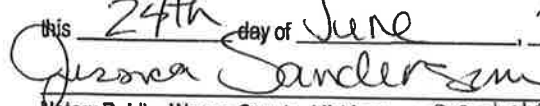
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KW

# CITY OF DETROIT QUARTERLY REPORT

RECEIVED JUL - 1 2024

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**JESSICA SANDERSON**  
 Notary Public, State of Michigan  
 County of Washtenaw  
 My Commission Expires 3/21/29  
 Acting in the County of washtenaw

# CITY OF DETROIT QUARTERLY REPORT

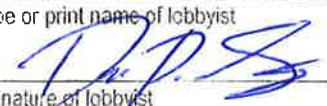
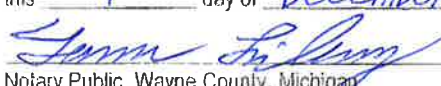
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KW

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

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5. NAME AND ADDRESS OF CLIENT(S)  <input checked="" type="checkbox"/> Effective <b>12/05/2024</b> , I do not represent the following client(s): <b>Apple Inc.</b>    <input type="checkbox"/> Effective _____, I represent the following client(s):	
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FOR OFFICIAL USE ONLY: Amount of fee paid: <b>\$ 15.00</b> Date of payment: <b>12/16/24</b> <div style="text-align: center; color: red; font-size: 2em; margin-top: 10px;">Kw</div>	