
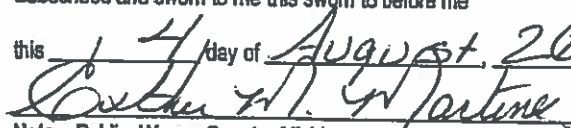


**CITY OF DETROIT  
LOBBYIST REGISTRATION**

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK

2017 AUG 14 P 3:10

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) <u>MARC R. CORRIVEAU</u>	<b>2. REGISTRANT'S ID NUMBER</b> <u>2017-15</u>
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI. 48202</u>	<b>4. TELEPHONE NUMBER(S)</b> <u>(313) 876-8484</u> <u>(313) 876-8484</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 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> <u>Henry Ford Health System</u> <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u>	
<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.  <u>Marc R. Corriveau</u> Type or print name of registrant   Signature  Subscribed and sworn to me this sworn to before me this <u>4</u> day of <u>August</u> , <u>2017</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>03-25-2021</u>	


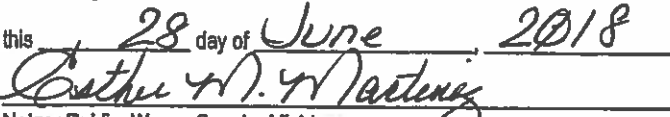
ESTHER M. MARTINEZ  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Mar 25, 2021  
ACTING IN COUNTY OF Wayne

<b>FOR OFFICIAL USE ONLY</b>		
<b>DATE OF ANNUAL REGISTRATION</b> Month: _____ Day: _____ Year: _____	<b>THIS REGISTRATION IS VALID</b> From _____ to _____ Months: _____ Days: _____ Years: _____	Amount of Fee: \$ _____ Date of Payment: _____

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

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

2018 JUL 18 A 10:12

<b>1. LOBBYIST'S NAME</b> <u>MARC R. CORRIVEAU</u>	<b>2. LOBBYIST'S ID NUMBER</b> <u>2017-15</u>															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> <u>(313) 8768484</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> <u>8</u> <u>14</u> <u>17</u> 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)															
<b>7. NAME OF CLIENT</b> <u>Henry Ford Health System</u>																
<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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">THIS REPORTING QUARTER</th> <th style="width:33%;">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: center;">\$ <u>0</u></td> <td style="text-align: center;">\$ <u>0</u></td> </tr> <tr> <td style="padding: 2px;">9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="text-align: center;">\$ <u>0</u></td> <td style="text-align: center;">\$ <u>0</u></td> </tr> <tr> <td style="padding: 2px;">9c. ALL OTHER LOBBYING EXPENDITURES .....</td> <td style="text-align: center;">\$ <u>0</u></td> <td style="text-align: center;">\$ <u>0</u></td> </tr> <tr> <td style="padding: 2px;">9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c).....</td> <td style="text-align: center;">\$ <u>0</u></td> <td style="text-align: center;">\$ <u>0</u></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 .....	\$ <u>0</u>	\$ <u>0</u>	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	\$ <u>0</u>	\$ <u>0</u>	9c. ALL OTHER LOBBYING EXPENDITURES .....	\$ <u>0</u>	\$ <u>0</u>	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	\$ <u>0</u>	\$ <u>0</u>
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9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	\$ <u>0</u>	\$ <u>0</u>														
<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>MARC R. CORRIVEAU</u> Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>28</u> day of <u>June</u> , <u>2018</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>03-25-2021</u>																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>FOR OFFICIAL USE ONLY</b></td> <td style="width:50%;">           Amount of fee paid: \$ <u>0</u>            Date of payment: <u>July 18, 2018</u> </td> </tr> </table>		<b>FOR OFFICIAL USE ONLY</b>	Amount of fee paid: \$ <u>0</u> Date of payment: <u>July 18, 2018</u>													
<b>FOR OFFICIAL USE ONLY</b>	Amount of fee paid: \$ <u>0</u> Date of payment: <u>July 18, 2018</u>															

ESTHER M. MARTINEZ  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Mar 25, 2021  
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 THE FORM)

OFFICE OF THE  
 DETROIT CITY CLERK  
 9:46

1. LOBBYIST'S NAME <b>MARC R. CORRIVEAU</b>	2. LOBBYIST'S ID NUMBER <b>2017-15</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>1 Ford Place 4 A/B Detroit, MI 48202</b>	4. TELEPHONE NUMBER(S) <b>(313) 8768484 ( )</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>8 / 14 / 17</b> 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 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  
**Henry Ford Health System**

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.

2018 OCT 18 A 9:  
 OFFICE OF THE  
 DETROIT CITY CLERK

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ <u>0</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0</u>	9d. \$ <u>0</u>

10. VERIFICATION

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

**MARC R. CORRIVEAU**  
 Type or print name of lobbyist

*[Signature]*  
 Signature of lobbyist

Subscribed and sworn to me this 10<sup>th</sup> day of October, 2018

*[Signature]*  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 03/25/2021

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



FOR OFFICIAL USE ONLY

Amount of fee paid: \_\_\_\_\_ Date of payment: 10/18/2018

# CITY OF DETROIT QUARTERLY REPORT

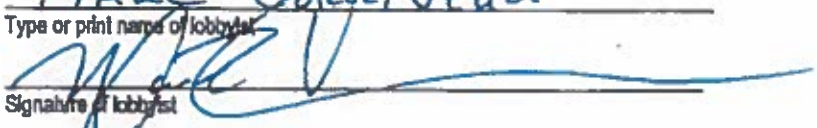
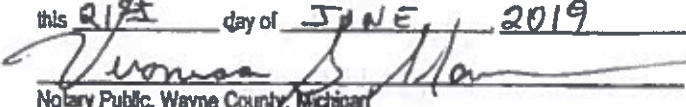
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

**OFFICE OF THE  
DETROIT CITY CLERK**  
2019 FEB -8 A 10:45

<b>1. LOBBYIST'S NAME</b> MARC R. CORRIVEAU	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202. <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 876-8484 ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> 8      14      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)															
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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.  <u>Marc Corriveau</u> Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>26<sup>TH</sup></u> day of <u>February</u> , 20 <u>19</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>03/25/2021</u>																
ESTHER M. MARTINEZ NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Mar 25, 2021 ACTING IN COUNTY OF <u>Wayne</u>																
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: _____ Date of payment: <u>02/08/2019</u>																

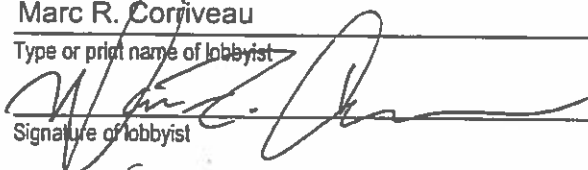

**CITY OF DETROIT OFFICE OF THE  
QUARTERLY REPORT DETROIT CITY CLERK**  
TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

2019 JUL - 1 A 10 11 1

1. LOBBYIST'S NAME <u>MARC R. CORRIVEAU</u>		2. LOBBYIST'S ID NUMBER <u>2017-15</u>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <u>( ) ( ) ( ) ( ) ( ) ( )</u> <u>313-876-8484</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</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 <u>Henry Ford Health System</u>			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)  <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ <u>0</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ <u>0</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ <u>0</u>	9d. \$ <u>0</u>
10. VERIFICATION  I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. <u>MARC CORRIVEAU</u> Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>21<sup>st</sup></u> day of <u>JUNE</u> , <u>2019</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>03-20-2021</u>  VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND MY COMMISSION EXPIRES Mar 20, 2021  FOR OFFICIAL USE ONLY: Amount of fee paid: _____ Date of payment: <u>07-01-2019</u>			

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

2019 NOV - 7 A 10 29

<b>1. LOBBYIST'S NAME</b> Marc R. Corriveau		<b>2. LOBBYIST'S ID NUMBER</b> 2017-15	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<b>4. TELEPHONE NUMBER(S)</b> (313) 876-9484 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> 8                      14                      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 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> Henry Ford Health System			
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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	9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....		9b. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ 0	9d. \$ 0
<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. Marc R. Corriveau 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 OCTOBER, 2019  Notary Public, Wayne County, Michigan My Commission Expires:			
VERONICA B. MANEA NOTARY PUBLIC, STATE OF MI COUNTY OF OAKLAND MY COMMISSION EXPIRES Mar 20, 2021 ACTING IN COUNTY OF WAYNE			
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: \$ 25.00      Date of payment: 11.07.19			

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

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT  
(PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING) **NOV - 7 A 10: 29**

<b>1. LOBBYIST'S NAME</b> Marc R. Corriveau	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202  <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 876-8484 ( ) _____  <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;">8</td> <td style="border-bottom: 1px solid black;">14</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)	8	14	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)
8	14	2017					
Month	Day	Year					

**7. NAME OF CLIENT**  
Henry Ford Health System

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

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

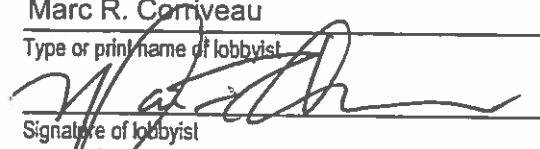
I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ 0	9a. \$ 0
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ 0	9b. \$ 0
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0	9c. \$ 0
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0	9d. \$ 0

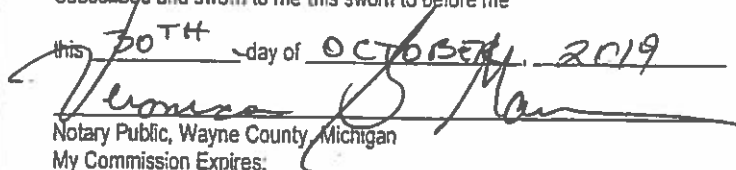
**10. VERIFICATION**

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

Marc R. Corriveau  
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 OCTOBER, 2019

  
Notary Public, Wayne County Michigan  
My Commission Expires: \_\_\_\_\_

VERONICA B. MANEA  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES Mar 20, 2021  
ACTING IN COUNTY OF WAYNE

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00 Date of payment: 11.07.19

**CITY OF DETROIT  
QUARTERLY REPORT**

OFFICE OF THE  
DETROIT CITY CLERK

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

2020 FEB -5 A 11: 38

1. LOBBYIST'S NAME <u>MARC CORRIVEAU</u>	2. LOBBYIST'S ID NUMBER <u>2017-15</u>
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>DETROIT, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) <u>(313) 876 8484</u> ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</u> / <u>2017</u> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	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)
--	---

7. NAME OF CLIENT Henry Ford Health System

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</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>0</u>	9b. \$ <u>0</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0</u>	9d. \$ <u>0</u>

10. VERIFICATION

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

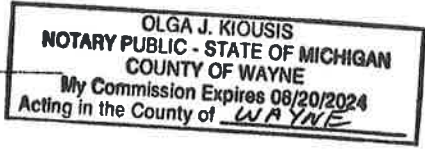
MARC CORRIVEAU  
Type or print name of lobbyist

[Signature]  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 4th day of February, 2020

[Signature]  
Notary Public, Wayne County, Michigan  
My Commission Expires: AUGUST 20, 2024



**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00 Date of payment: 02-05-2020

8



OFFICE OF THE  
CITY OF DETROIT DETROIT CITY CLERK  
**LOBBYIST REGISTRATION**  
(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM) 2020 FEB -5 A 11:38


<b>1. REGISTRANT'S NAME</b> (Only one person may register w/this form) <span style="font-size: 1.2em; color: blue;">MARC CORRIVEAU</span>	<b>2. REGISTRANT'S ID NUMBER</b> <span style="font-size: 1.2em; color: blue;">2017-15</span>											
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <span style="font-size: 1.2em; color: blue;">1 Ford Place 4A/B Detroit, MI 48202</span>	<b>4. TELEPHONE NUMBER(S)</b> <span style="font-size: 1.2em; color: blue;">(313) 876 8484 ( )</span>											
<b>5. TYPE OF LOBBYIST</b> (Check all applicable boxes.) <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>Registered lobbyist under Federal Law</td> <td rowspan="5" style="vertical-align: middle; text-align: center; font-size: 1.5em; color: blue;">2020</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Registered lobbyist under Michigan Law</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registered lobbyist in other states (name state(s)):</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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)</td> </tr> </table>		<input type="checkbox"/>	Registered lobbyist under Federal Law	2020	<input checked="" 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)
<input type="checkbox"/>	Registered lobbyist under Federal Law	2020										
<input checked="" 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> <span style="font-size: 1.2em; color: blue;">Henry Ford Health System 1 Ford Place 4A/B Detroit, MI 48202</span>												
<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.												
<span style="font-size: 1.2em; color: blue; text-decoration: underline;">Marc Corriveau</span> Type or print name of registrant												
<span style="font-size: 1.5em; color: blue; text-decoration: underline;">[Signature]</span> Signature												
Subscribed and sworn to me this sworn to before me this <span style="font-size: 1.2em; color: blue;">4<sup>th</sup></span> day of <span style="font-size: 1.2em; color: blue;">February, 2020</span>												
<span style="font-size: 1.2em; color: blue; text-decoration: underline;">Olga J. Kiousis</span> Notary Public, Wayne County, Michigan My Commission Expires: <span style="font-size: 1.2em; color: blue;">AUGUST 20, 2024</span>												

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

FOR OFFICIAL USE ONLY		
<b>DATE OF ANNUAL REGISTRATION</b> <span style="font-size: 1.2em; color: blue;">8 - 14 - 2019</span> <small>Month Day Year</small>	<b>THIS REGISTRATION IS VALID</b> From <span style="font-size: 1.2em; color: blue;">8 - 14 - 2019</span> <small>Month Day Year</small> To <span style="font-size: 1.2em; color: blue;">8 - 14 - 2020</span> <small>Month Day Year</small>	Amount of fee paid: <span style="font-size: 1.2em; color: blue;">\$ 125.00</span> Date of payment: <span style="font-size: 1.2em; color: blue;">02-05-2020</span> <span style="font-size: 1.5em; color: blue;">(8)</span>

# CITY OF DETROIT QUARTERLY REPORT

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

1. LOBBYIST'S NAME <u>MARC CORRIGNEAU</u>		2. LOBBYIST'S ID NUMBER <u>2017-15</u>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4 A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <u>(313) 876 8484</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</u> / <u>17</u> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1 <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 <u>Henry Ford Health System</u>			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.) <u>I met with Mary Sheffield and Maurice Todd to discuss plans to build a parking structure on behalf of Henry Ford Hospital.</u> <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		REGISTRATION DATE THROUGH END OF THIS QUARTER	
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9a. \$ <u>10</u>	
9c. ALL OTHER LOBBYING EXPENDITURES .....		9b. \$ <u>0</u>	
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9c. \$ <u>0</u>	
		9d. \$ <u>0</u>	
10. VERIFICATION I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge. <u>Marc Corriveau</u> Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>24<sup>th</sup></u> day of <u>June</u> , <u>2020</u> <u>Elaine Coleman</u> Notary Public, Wayne County, Michigan My Commission Expires: _____ ELAINE COLEMAN NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Nov 2, 2020 ACTING IN COUNTY OF <u>Wayne</u>			
FOR OFFICIAL USE ONLY: Amount of fee paid: <u>\$25.00</u> Date of payment: <u>07.13.2020</u>			

2020 JUL 13 10:56 AM  
 OFFICE OF THE  
 DETROIT CITY CLERK

OFFICE OF THE CITY OF DETROIT  
 DETROIT CITY CLERK LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

2021 AUG -2 P 2:34

8/14/2020

1. REGISTRANT'S NAME (Only one person may register with this form) <b>MARC CORNUEAU</b>	2. REGISTRANT'S ID NUMBER <b>2017-15</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>1 Ford Place 4A/B Detroit, MI 48202</b>	4. TELEPHONE NUMBER(S) <b>(313) 876-8484</b>

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

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

6. NAME AND ADDRESS OF CLIENT(S)

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

7. VERIFICATION

I swear, or affirm, that:

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

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

Marc Cornueau  
 Type or print name of registrant

[Signature]  
 Signature

Subscribed and sworn to me this sworn to before me  
 this 29 day of July, 2021

[Signature]  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 3/26/2027

**ZENORA HOUSTON**  
 NOTARY PUBLIC, STATE OF MI  
 COUNTY OF MACOMB  
 MY COMMISSION EXPIRES Mar 26, 2027  
 ACTING IN COUNTY OF Macomb Wayne

FOR OFFICIAL USE ONLY:

DATE OF ANNUAL REGISTRATION <b>08 - 14 - 2020</b> Month Day Year	THIS REGISTRATION IS VALID From <b>08 - 14 - 2020</b> Month Day Year To <b>08 - 14 - 2021</b> Month Day Year	Amount of fee paid: <b>\$ 125</b> Date of payment: <b>08-02-2021</b>
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**OFFICE OF THE CITY OF DETROIT  
DETROIT CITY CLERK QUARTERLY REPORT**

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT

PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM

2021 AUG 2 P 2 341

<b>1. LOBBYIST'S NAME</b> MARC CORRIVEAU	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4A/B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 876-8484 ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> 8                      14                      17 _____ 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)
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**7. NAME OF CLIENT**      Henry Ford Health System

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

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

**10. VERIFICATION**

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

Marc Corriveau  
 Type or print name of lobbyist

[Signature]  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 8<sup>th</sup> day of April

Christopher O Waltz  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 08/22/2023      08/22/2023

CHRISTOPHER O WALTZ  
 Notary Public - State of Michigan  
 County of Macomb  
 My Commission Expires Aug 22, 2023  
 Acting in the County of Wayne

**FOR OFFICIAL USE ONLY:**

Amount of fee paid: \$ 25.00      Date of payment: 08-02-2023

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

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

2021 AUG -2 P 2-341

<b>1. LOBBYIST'S NAME</b> <p align="center"><u>MARC CORRIVEAU</u></p>	<b>2. LOBBYIST'S ID NUMBER</b> <p align="center"><u>2017-15</u></p>															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <p align="center"><u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u></p> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> <p align="center"><u>(313) 876-8481</u></p> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> <p align="center"><u>8</u>     <u>14</u>     <u>17</u> Month                  Day                  Year</p> <p>(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</p>	<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> <p align="center"><u>Henry Ford Health System</u></p>																
<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> 9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS ..... 9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING..... 9c. ALL OTHER LOBBYING EXPENDITURES ..... 9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>9a. \$ _____</td> <td>9a. \$ _____</td> <td>9a. \$ _____</td> </tr> <tr> <td>9b. \$ _____</td> <td>9b. \$ _____</td> <td>9b. \$ _____</td> </tr> <tr> <td>9c. \$ _____</td> <td>9c. \$ _____</td> <td>9c. \$ _____</td> </tr> <tr> <td>9d. \$ _____</td> <td>9d. \$ _____</td> <td>9d. \$ _____</td> </tr> </tbody> </table>		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER	9a. \$ _____	9a. \$ _____	9a. \$ _____	9b. \$ _____	9b. \$ _____	9b. \$ _____	9c. \$ _____	9c. \$ _____	9c. \$ _____	9d. \$ _____	9d. \$ _____	9d. \$ _____
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9a. \$ _____	9a. \$ _____	9a. \$ _____														
9b. \$ _____	9b. \$ _____	9b. \$ _____														
9c. \$ _____	9c. \$ _____	9c. \$ _____														
9d. \$ _____	9d. \$ _____	9d. \$ _____														
<b>10. VERIFICATION</b> <p>I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.</p> <p><u>Marc R. Corriveau</u> Type or print name of lobbyist</p> <p><u>[Signature]</u> Signature of lobbyist</p> <p>Subscribed and sworn to me this sworn to before me          this <u>8<sup>th</sup></u> day of <u>April</u></p> <p><u>[Signature]</u> Notary Public, Wayne County, Michigan          My Commission Expires: <u>02/22/2023</u></p> <div style="border: 2px dashed black; padding: 5px; margin-top: 10px;"> <p align="center">CHRISTOPHER O WALTZ              Notary Public - State of Michigan              County of Macomb              My Commission Expires Aug 22, 2023              Acting in the County of <u>Wayne</u></p> </div>																


**FOR OFFICIAL USE ONLY**

Amount of fee paid: 4.25     Date of payment: 08-02-2021

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

TO BE FILED BY REGISTERED LOBBYIST FOR EACH CLIENT


2021 AUG - 2 P 2:33 (PLEASE READ BOTH FRONT AND BACK BEFORE COMPLETING THIS FORM)

<b>1. LOBBYIST'S NAME</b> MARC CORRIVEAU	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4 A/B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> (313) 876-8484 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> 8 / 14 / 17 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 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)															
<b>7. NAME OF CLIENT</b> Henry Ford Health System																
<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 border="1" style="width:100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....</td> <td>9a. \$ _____</td> <td>9a. \$ _____</td> </tr> <tr> <td>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td>9b. \$ _____</td> <td>9b. \$ _____</td> </tr> <tr> <td>9c. ALL OTHER LOBBYING EXPENDITURES .....</td> <td>9c. \$ _____</td> <td>9c. \$ _____</td> </tr> <tr> <td>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c).....</td> <td>9d. \$ _____</td> <td>9d. \$ _____</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. \$ _____	9a. \$ _____	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ _____	9b. \$ _____	9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ _____	9c. \$ _____	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ _____	9d. \$ _____
	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER														
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ _____	9a. \$ _____														
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ _____	9b. \$ _____														
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ _____	9c. \$ _____														
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ _____	9d. \$ _____														
<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>Marc Corriveau</u> Type or print name of lobbyist  Signature of lobbyist Subscribed and sworn to me this sworn to before me this <u>29</u> day of <u>July</u> , 2021 <u>Zenora Houston</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>3/26/2027</u>																
ZENORA HOUSTON NOTARY PUBLIC, STATE OF MI COUNTY OF MACOMB MY COMMISSION EXPIRES Mar 26, 2027 ACTING IN COUNTY OF <u>Wayne</u>																
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: <u>125.00</u> Date of payment: <u>08-02-2021</u>																

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

2021 AUG -2 P 2-331

8/14/2021

1. LOBBYIST'S NAME <u>MARC CORRIVEAU</u>		2. LOBBYIST'S ID NUMBER <u>2017-15</u>	
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		4. TELEPHONE NUMBER(S) <u>(313) 8768484 ( )</u> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
5. DATE OF ANNUAL REGISTRATION <u>8</u> / <u>14</u> / <u>17</u> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)		6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)	
7. NAME OF CLIENT <u>Henry Ford Health System</u>			
8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER <input type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. (Provide a brief description and, if necessary, attach additional sheets.)  <input checked="" type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
9. EXPENDITURES BY CATEGORY		THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....		9a. \$ _____	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....		9b. \$ _____	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES .....		9c. \$ _____	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....		9d. \$ _____	9d. \$ _____
10. VERIFICATION  I swear, or affirm, that all reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.  <u>Marc Coriveau</u> Type or print name of lobbyist   Signature of lobbyist  Subscribed and sworn to me this sworn to before me this <u>29</u> day of <u>July</u> , <u>2021</u> <u>Zenora Houlston</u> Notary Public, Wayne County, Michigan My Commission Expires: <u>3/26/2027</u>			
ZENORA HOUSTON NOTARY PUBLIC, STATE OF MI COUNTY OF MACOMB MY COMMISSION EXPIRES Mar 26, 2027 ACTING IN COUNTY OF <u>Wayne</u>			
FOR OFFICIAL USE ONLY Amount of fee paid: <u>6.25</u> Date of payment: <u>08-02-2021</u>			



**CITY OF DETROIT**  
**OFFICE OF THE LOBBYIST REGISTRATION**  
**DETROIT CITY CLERK**

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

8/14/2021

2021 AUG 2 5 23

1. REGISTRANT'S NAME (Only one person may register with this form) <b>MARC CORRIVEAU</b>	2. REGISTRANT'S ID NUMBER <b>2017-15</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>1 Ford Place 4A/B Detroit, MI 48202</b>	4. TELEPHONE NUMBER(S) <b>(313) 876 8484</b>
5. TYPE OF LOBBYIST (Check all applicable boxes.) <input type="checkbox"/> Registered lobbyist under Federal Law <input checked="" type="checkbox"/> Registered lobbyist under Michigan Law <input type="checkbox"/> Registered lobbyist in other states (name state(s)): <input 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 <small>(See definition of "lobbyist" on reverse)</small>	
6. NAME AND ADDRESS OF CLIENT(S) <b>Henry Ford Health System 1 Ford Place Detroit, MI 48202</b>	

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.

Marc Coriveau  
Type or print name of registrant

[Signature]  
Signature

Subscribed and sworn to me this sworn to before me

this 29 day of July 2021

Zenora Houston  
Notary Public, Wayne County, Michigan  
My Commission Expires: 3/26/2027

ZENORA HOUSTON  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF MACOMB  
MY COMMISSION EXPIRES Mar 26, 2027  
ACTING IN COUNTY OF Wayne

**FOR OFFICIAL USE ONLY:**

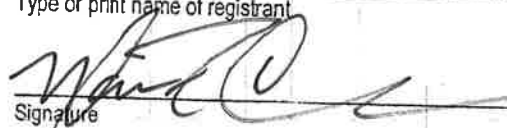
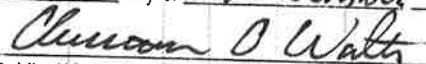
DATE OF ANNUAL REGISTRATION <b>08 - 14 - 2021</b> Month Day Year	THIS REGISTRATION IS VALID From <b>08 - 14 - 2021</b> Month Day Year To <b>08 - 14 - 2022</b> Month Day Year	Amount of fee paid: <b>\$ 125.00</b> Date of payment: <b>08/02/2021</b>
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**CITY OF DETROIT  
LOBBYIST REGISTRATION**

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

OFFICE OF THE  
DETROIT CITY CLERK  
8/14/2022

<b>1. REGISTRANT'S NAME</b> (Only one person may register with this form) <u>MARC CORRUVEAU</u>	<b>REGISTRANT'S ID NUMBER</b> 2022 NOV 20 A 8 101 2017-15
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <u>1 Ford Place 4 A/B</u> <u>Detroit MI 48202</u>	<b>4. TELEPHONE NUMBER(S)</b> ( ) _____ ( ) _____
<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 checked="" 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 <small>(See definition of "lobbyist" on reverse)</small></li> </ul>	
<b>6. NAME AND ADDRESS OF CLIENT(S)</b> <u>Henry Ford Health System</u> <u>1 Ford Pl 4 A/B</u> <u>Detroit, MI 48202</u>	
<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.	
<u>MARC CORRUVEAU</u> Type or print name of registrant   Signature	
Subscribed and sworn to me this sworn to before me this <u>21</u> day of <u>November</u>  Notary Public, Wayne County, Michigan My Commission Expires: <u>08/22/2023</u>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>CHRISTOPHER O WALTZ</b>                      Notary Public - State of Michigan                      County of Macomb                      My Commission Expires Aug 22, 2023                      Acting in the County of <u>Wayne</u> </div>	
<b>FOR OFFICIAL USE ONLY:</b>	
<b>DATE OF ANNUAL REGISTRATION</b> <u>11 28 2022</u> <small>Month Day Year</small>	<b>THIS REGISTRATION IS VALID:</b> From <u>11 28 2022</u> <small>Month Day Year</small> To <u>11 28 2023</u> <small>Month Day Year</small>
Amount of fee paid: <u>\$125.00</u> Date of payment: <u>11/28/22</u>	

KW

# CITY OF DETROIT QUARTERLY REPORT

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

OFFICE OF THE  
DETROIT CITY CLERK

JUN 2022 NOV 28, 2022  
AUG 19, 2022

<b>1. LOBBYIST'S NAME</b> MARC CORRIVEAU	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15															
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 47B Detroit, MI 48202 <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> 313, 8768484 <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX															
<b>5. DATE OF ANNUAL REGISTRATION</b> 8 / 14 / 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 type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input checked="" type="checkbox"/> 4th Quarter (ending 12 months after annual registration)															
<b>7. NAME OF CLIENT</b> Henry Ford Health System																
<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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....</td> <td style="text-align: center;">7,500</td> <td style="text-align: center;">7,500</td> </tr> <tr> <td>9c. ALL OTHER LOBBYING EXPENDITURES .....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, &amp; 9c).....</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</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 .....	0	0	9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	7,500	7,500	9c. ALL OTHER LOBBYING EXPENDITURES .....	0	0	9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	0	0
	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 .....	0	0														
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	7,500	7,500														
9c. ALL OTHER LOBBYING EXPENDITURES .....	0	0														
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	0	0														
<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. MARC R. CORRIVEAU Type or print name of lobbyist _____ Signature of lobbyist Subscribed and sworn to me this sworn to before me this 21 <sup>st</sup> day of November _____ Notary Public, Wayne County, Michigan My Commission Expires: 08/22/2023																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;"> <b>CHRISTOPHER O WALTZ</b>                      Notary Public - State of Michigan                      County of Macomb                      My Commission Expires Aug 22, 2023                      Acting in the County of <u>Wayne</u> </td> </tr> </table>		<b>CHRISTOPHER O WALTZ</b> Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of <u>Wayne</u>														
<b>CHRISTOPHER O WALTZ</b> Notary Public - State of Michigan County of Macomb My Commission Expires Aug 22, 2023 Acting in the County of <u>Wayne</u>																
<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: \$ 25.00 Date of payment: 11/28/22 KW																

**CITY OF DETROIT  
QUARTERLY REPORT**

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

OFFICE OF THE  
DETROIT CITY CLERK

2022 NOV 28 11:48 AM 10/14/2022

1. LOBBYIST'S NAME <b>MARC CORRIVEAU</b>	2. LOBBYIST'S ID NUMBER <b>2017-15</b>
3. BUSINESS ADDRESS (All mail will be sent to this address) <b>1 Ford Place 4 A/B Detroit, MI 48202</b> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	4. TELEPHONE NUMBER(S) <b>(313) 876 8484</b> <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

5. DATE OF ANNUAL REGISTRATION <b>8 14 2017</b> Month Day Year (DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)	6. PERIOD FOR THIS REPORT <input type="checkbox"/> 1st Quarter (ending 3 months after annual registration) <input type="checkbox"/> 2nd Quarter (ending 6 months after annual registration) <input checked="" type="checkbox"/> 3rd Quarter (ending 9 months after annual registration) <input type="checkbox"/> 4th Quarter (ending 12 months after annual registration)
--	---

7. NAME OF CLIENT **Henry Ford Health System**

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</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING .....	9b. \$ <u>7,500</u>	9b. \$ <u>7,500</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0</u>	9d. \$ <u>0</u>

10. VERIFICATION

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

Marc R. Corriveau  
Type or print name of lobbyist

[Signature]  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 21<sup>st</sup> day of November

Christopher O. Waltz  
Notary Public, Wayne County, Michigan  
 My Commission Expires: 08/22/2023

CHRISTOPHER O WALTZ  
Notary Public - State of Michigan  
County of Macomb  
My Commission Expires Aug 22, 2023  
Acting in the County of Wayne

FOR OFFICIAL USE ONLY

Amount of fee paid: 325.00 Date of payment: 11/28/22

KX

# 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  
CITY CLERK

2022 REV. 202A-8 FEB. 2022

<b>1. LOBBYIST'S NAME</b> <u>MARC CORNIGEAU</u>	<b>2. LOBBYIST'S ID NUMBER</b> <u>2017-15</u>
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <u>1 Ford Place 4A/B</u> <u>Detroit, MI 48202</u> <input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<b>4. TELEPHONE NUMBER(S)</b> <u>(313) 876-8481</u> ( ) _____ <input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> <u>8</u> / <u>14</u> / <u>2017</u> <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**  
Henry Ford Health System

**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</u>	9a. \$ <u>0</u>
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <u>7,500</u>	9b. \$ <u>7,500</u>
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <u>0</u>	9c. \$ <u>0</u>
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <u>0</u>	9d. \$ <u>0</u>

**10. VERIFICATION**

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

Marc R. Cornigean  
 Type or print name of lobbyist

[Signature]  
 Signature of lobbyist

Subscribed and sworn to me this sworn to before me

this 21<sup>st</sup> day of November

CHRISTOPHER O WALTZ  
 Notary Public - State of Michigan  
 County of Macomb  
 My Commission Expires Aug 22, 2023  
 Acting in the County of Wayne

Christopher O Waltz  
 Notary Public, Wayne County, Michigan  
 My Commission Expires: 08/22/2023

<b>FOR OFFICIAL USE ONLY</b> Amount of fee paid: <u>\$ 25.00</u>	Date of payment: <u>11/28/22</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)

2022 NOV 28 A 8:10  
Sept - Nov 14, 2021

<b>1. LOBBYIST'S NAME</b> MARC CORRIVEAU	<b>2. LOBBYIST'S ID NUMBER</b> 2017-15
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) 1 Ford Place 4A/B	<b>4. TELEPHONE NUMBER(S)</b> (313) 876 8484
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX	<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX

<b>5. DATE OF ANNUAL REGISTRATION</b> 8 / 14 / 17 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)
--	--

**7. NAME OF CLIENT**  
Henry Ford Health System

**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.)  
 Discussed possible new entrant into the P.A.C.E. programs in the city.

I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.

9. EXPENDITURES BY CATEGORY	THIS REPORTING QUARTER	REGISTRATION DATE THROUGH END OF THIS QUARTER
9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ 0	9a. \$ _____
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ 7500 <sup>00</sup>	9b. \$ _____
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ 0	9c. \$ _____
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ 0	9d. \$ _____

**10. VERIFICATION**

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

MARC R. CORRIVEAU  
Type or print name of lobbyist

[Signature]  
Signature of lobbyist

Subscribed and sworn to me this sworn to before me  
 this 21<sup>st</sup> day of November

Christopher O. Waltz  
Notary Public, Wayne County, Michigan  
 My Commission Expires: 08/22/2023

CHRISTOPHER O. WALTZ  
 Notary Public - State of Michigan  
 County of Macomb  
 My Commission Expires Aug 22, 2023  
 Acting in the County of Wayne

**FOR OFFICIAL USE ONLY:**

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

# 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> <span style="font-size: 1.2em; color: blue;">MARC CORRIVEAU</span>		<b>2. LOBBYIST'S ID NUMBER</b> <span style="font-size: 1.2em; color: blue;">2017-15</span>																
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <span style="font-size: 1.2em; color: blue;">One Ford Pl 4th B</span> <span style="font-size: 1.2em; color: blue;">Detroit, MI 48202</span>		<b>4. TELEPHONE NUMBER(S)</b> <span style="font-size: 1.2em; color: blue;">(313) 876-8484</span>																
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<b>5. DATE OF ANNUAL REGISTRATION</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="font-size: 1.5em; color: blue;">8</span> <span style="font-size: 1.5em; color: blue;">14</span> <span style="font-size: 1.5em; color: blue;">2017</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> <p style="font-size: 0.8em;">(DATE ENTERED BY CITY CLERK'S OFFICE ON REGISTRATION FORM)</p>		<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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**TAYLOR NEUMANN**  
 NOTARY PUBLIC - STATE OF MICHIGAN  
 COUNTY OF OAKLAND  
 My Commission Expires September 30, 2029  
 Acting in the County of Wayne

KV

# 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> <span style="font-size: 1.2em; color: blue;">MARC CORRIVEAU</span>		<b>2. LOBBYIST'S ID NUMBER</b> <span style="font-size: 1.2em; color: blue;">2017-15</span>	
<b>3. BUSINESS ADDRESS</b> (All mail will be sent to this address) <span style="font-size: 1.2em; color: blue;">One Ford Pl 4A/B Detroit, MI 48202</span>		<b>4. TELEPHONE NUMBER(S)</b> <span style="font-size: 1.2em; color: blue;">(313) 876-8484</span>	
<input type="checkbox"/> IF THIS ADDRESS HAS CHANGED, CHECK BOX		<input type="checkbox"/> IF A NUMBER HAS CHANGED, CHECK BOX	
<b>5. DATE OF ANNUAL REGISTRATION</b> <span style="font-size: 1.2em; color: blue;">8      14      2017</span> <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> <span style="font-size: 1.2em; color: blue;">Henry Ford Health System</span>			
<b>8. DESCRIPTION OF LOBBYING ACTIVITY DURING THIS QUARTER</b> <input checked="" type="checkbox"/> I ENGAGED IN LOBBYING ACTIVITY DURING THIS QUARTER. <small>(Provide a brief description and, if necessary, attach additional sheets.)</small> <span style="font-size: 1.2em; color: blue;">Communications with executive and legislative officials regarding legislative and administrative matters</span>  <input type="checkbox"/> I DID NOT ENGAGE IN LOBBYING ACTIVITY DURING THIS QUARTER.			
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KW

# CITY OF DETROIT QUARTERLY REPORT

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9a. COMPLIMENTARY COPIES OF TRADE PUBLICATIONS, BOOKS, REPORTS, PAMPHLETS, CALENDARS, PERIODICALS, OR OTHER INFORMATIONAL MATERIALS .....	9a. \$ <span style="font-size: 1.2em; color: blue;">0</span>	9a. \$ <span style="font-size: 1.2em; color: blue;">0</span>														
9b. PAYMENTS TO OTHER PERSONS FOR LOBBYING.....	9b. \$ <span style="font-size: 1.2em; color: blue;">0</span>	9b. \$ <span style="font-size: 1.2em; color: blue;">0</span>														
9c. ALL OTHER LOBBYING EXPENDITURES .....	9c. \$ <span style="font-size: 1.2em; color: blue;">0</span>	9c. \$ <span style="font-size: 1.2em; color: blue;">0</span>														
9d. TOTAL LOBBYING EXPENDITURES (TOTAL OF 9a, 9b, & 9c).....	9d. \$ <span style="font-size: 1.2em; color: blue;">0</span>	9d. \$ <span style="font-size: 1.2em; color: blue;">0</span>														
<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. <span style="font-size: 1.2em; color: blue; margin-left: 20px;">Marc Corriveau</span> Type or print name of lobbyist Signature of lobbyist Subscribed and sworn to me this sworn to before me this <span style="font-size: 1.2em; color: blue;">24</span> day of <span style="font-size: 1.2em; color: blue;">October</span> , 2023 <span style="font-size: 1.2em; color: blue; margin-left: 20px;">Taylor Neumann</span> Notary Public, Wayne County, Michigan My Commission Expires: <span style="font-size: 1.2em; color: blue;">9-30-2029</span>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"> <b>TAYLOR NEUMANN</b>                      NOTARY PUBLIC - STATE OF MICHIGAN                      COUNTY OF OAKLAND                      My Commission Expires September 30, 2029                      Acting in the County of <span style="font-size: 1.2em; color: blue;">Wayne</span> </td> </tr> </table>		<b>TAYLOR NEUMANN</b> NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF OAKLAND My Commission Expires September 30, 2029 Acting in the County of <span style="font-size: 1.2em; color: blue;">Wayne</span>														
<b>TAYLOR NEUMANN</b> NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF OAKLAND My Commission Expires September 30, 2029 Acting in the County of <span style="font-size: 1.2em; color: blue;">Wayne</span>																
<b>FOR OFFICIAL USE ONLY:</b> Amount of fee paid: <span style="font-size: 1.2em; color: red;">\$ 25.00</span> Date of payment: <span style="font-size: 1.2em; color: red;">11/2/23</span> <span style="font-size: 1.5em; color: red; margin-left: 100px;">KW</span>																

RECEIVED NOV 02 2023

# CITY OF DETROIT LOBBYIST REGISTRATION

(PLEASE READ BOTH FRONT AND BACK COMPLETING THIS FORM)

8/14/2023

1. REGISTRANT'S NAME (Only one person may register with this form) <u>MARC CORRIVEAU</u>	2. REGISTRANT'S ID NUMBER <u>2017-15</u>
3. BUSINESS ADDRESS (All mail will be sent to this address) <u>One Ford Pl 4A/B Detroit, MI 48202</u>	4. TELEPHONE NUMBER(S) <u>(313) 876-8484</u>

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

Registered lobbyist under Federal Law

Registered lobbyist under Michigan Law

Registered lobbyist in other states (name state(s)):

A person anticipating expenditures of more than \$1,000 over the next twelve (12) months for lobbying all public officials

A person anticipating expenditures of more than \$250.00 over the next twelve (12) months for lobbying a single public official (See definition of "lobbyist" on reverse)

6. NAME AND ADDRESS OF CLIENT(S)

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

7. VERIFICATION

I swear, or affirm, that:

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

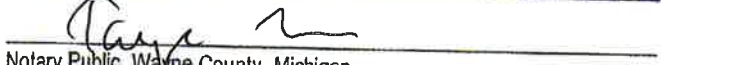
b) All reasonable diligence was used in preparation of this form, and the contents are true and accurate to the best of my knowledge.

Marc Corriveau  
Type or print name of registrant

  
Signature

Subscribed and sworn to me this sworn to before me

this 26 day of October, 2023

  
Notary Public, Wayne County, Michigan  
My Commission Expires: 9-30-2029

**TAYLOR NEUMANN**  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF OAKLAND  
My Commission Expires September 30, 2029  
Acting in the County of Wayne

FOR OFFICIAL USE ONLY:		
DATE OF ANNUAL REGISTRATION <u>11</u> <u>2</u> <u>2023</u> Month Day Year	THIS REGISTRATION IS VALID: From <u>11</u> <u>2</u> <u>2023</u> Month Day Year To <u>11</u> <u>2</u> <u>2024</u> Month Day Year	Amount of fee paid: <u>\$125.00</u> Date of payment: <u>11/2/23</u>