

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) Anthony Ceretti	2. REGISTRANT'S ID NUMBER 2017-3
3. BUSINESS ADDRESS (All mail will be sent to this address) KPMG LLP, 560 Lexington Avenue - 11th Floor New York, NY 10022	4. TELEPHONE NUMBER(S) (212) 872-6508 + _____

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)): New Jersey
 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)

KPMG LLP
 345 Park Avenue
 New York, NY 10154

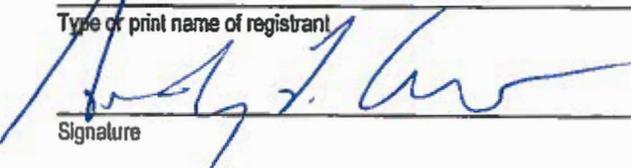
7. VERIFICATION

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.

Anthony Ceretti
 Type or print name of registrant


 Signature

Subscribed and sworn to me this sworn to before me
 this 4th day of May 2017
DAYNA COULTER *Dayna Coultter*
 Notary Public, Wayne County, Michigan Queens County, NY
 My Commission Expires: 9/3/2017

DAYNA COULTER
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01CO628816
 Qualified in Queens County
 My Commission Expires September 03, 2017

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