



WAYNE COUNTY  
BOARD OF ETHICS

# LOBBY REGISTRATION

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

**1. REGISTRANT'S NAME** (Only one person may register with this form)

Integrated Care Alliance LLP

**2. TYPE OF FILING** ☒ **ORIGINAL** Registration (ID number will be assigned by this office)

☒ Registering as a **LOBBYIST** (see definition on reverse of form)

☐ Registering as a **LOBBYIST AGENT** (see definition on reverse of form)

☐ **AMENDMENT** to existing Registration. Item(s) being amended: \_\_\_\_\_

**3a. MAILING ADDRESS** (All mail will be sent to this address)

120 N. Washington Sq., Ste. 410  
Lansing, MI 48933

Email: \_\_\_\_\_ Telephone Number: (517) 679-7410

**3b. BUSINESS ADDRESS** (If different than item 3a)

c/o Michael Mayers  
300 University Ave., Ste. 100  
Sacramento, CA 95825

Telephone Number: \_\_\_\_\_

**3c. RESIDENTIAL ADDRESS** (for individuals only)

Telephone Number: \_\_\_\_\_

**4. DATE BECAME ACTIVE** (see registration requirements on reverse)

06/29/16

Month

Day

Year

**DATE  
REQUIRED**

**5. LOBBYIST FISCAL YEAR**

FROM: 01/01/16

Month

Day

Year

TO: 12/31/16

Month

Day

Year

**6. EMPLOYEE'S NAME & ADDRESS** (see registration requirements on reverse)

NOTE: Completing this item **DOES NOT** register or terminate any person as a Lobbyist or a Lobbyist Agent. Employees meeting the definition of a Lobbyist or Lobbyist Agent at any time must register separately.

☒ **ADD** Warner Norcross & Judd LLP, 120 N. Washington Sq., Ste. 410,  
Lansing, MI 48933

☐ **DELETE**

☒ **ADD** James G. Cavanagh, 120 N. Washington Sq., Ste. 410, Lansing, MI 48933

☐ **DELETE**

**7. VERIFICATION**

I certify that all reasonable diligence was used in preparation of the above form, and the contents are true and accurate, to the best of my knowledge. If filing electronically, I further agree that the signature below will serve as the signature verifying that all reasonable diligence was used in preparation of all electronically filed reports and their contents are true and accurate to the best of my knowledge.

James G. Cavanagh

Type or Print Name of **AUTHORIZED SIGNATORY**

(All mail will be directed to the signatory's attention)

**SIGNATURE**

Month

Day

Year

06/29/16