**Clerk of Council** 

801 Plum Street, Room 308 Cincinnati, Ohio 45202 (513) 352-3246



## LEGISLATIVE AGENT/EMPLOYER INITIAL REGISTRATION STATEMENT

This statement must be filed with the Clerk of Council within ten (10) days of engagement. Please read instructions and review Section 112-5 prior to filing. There is a \$25.00 fee for this filing. Check or money order only made payable to "Clerk of Council". Upon termination of this engagement, there is an affirmative duty to notify the Clerk of Council within thirty (30) days) the form may be obtained from Clerk. ANY PERSON WHO KNOWINGLY FILES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE OHIO REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

cupation <u>Governr</u> e/Position <u>Gove</u> l	rnment Relations Mana	ger
siness Address 25	5 E Fifth St	1900 Suite Number
ncinnati	Street OH	45202
	State	Zip(+4)
ephone Number (	513 ) 832-54	28
te of Engagement a	s Legislative Agent <u>09/0</u>	3/2024
IPLOYER INFO	RMATION	
Il name of company	or organization_ Asiana	<u> </u>
pe of Industry Com	munity organizing/ Eve	nt support
siness Address 3 E	East Fourth St	
	Street	Suite Number
incinnati		45202 Zip(+4)
	siness Address 25 Incinnati Implement a september of Engagement a september of Company on the of Industry Company of Industr	siness Address 255 E Fifth St  Incinnati OH  State  Street OH  State  State  Street OH  State  State  State  Street OH  State  State  State  Street  Street  Street  Street  Street  Street  Street  Street  3 East Fourth St  Street

Title

## CATEGORICAL LISTING OF PRINCIPAL BUSINESS OR ACTIVITY OF D. EMPLOYER. PLEASE CHECK ALL THAT ARE APPLICABLE.

Agriculture	Environment	Real Estate/Housing
Alcohol/Tobacco	Financial Institutions/Consumer Finance	Retail and Commercial
X_Arts/Entertainment	Medical/Hospitals/Health Care	Service Business
Communications/Media	Insurance	Social Svs./Human Svs.
Contractors/Construction	Labor/Labor Organizations	Science and Technology
County/Local Government	Legal	State Employees
Education	Manufacturer	State Government
Energy/Utilities	Public Interest	Transportation
ALL SIGNATURES MUST BE ORIGINA Annalese Cahill	L AND SIGNED PERSONALLY BY THE NAM	MED INDIVIDUAL.
Type or Print Name of Legislative Agent		
	<del>45</del>	
Signalure of Legislative Agent	09/03/2024 Date	
Bao Nguyen		
Bao Nguyen Type or Print Name of Persons Signing for Employer		
Bao Nguyen Type or Print Name of Persons Signing for Employer  Bao M. Nguyen		
Bao Nguyen Type or Print Name of Persons Signing for Employer	Date	
Bao Nguyen Type or Print Name of Persons Signing for Employer  Bao M. Nguyen BY:	9/4/2024	