Clerk of Council

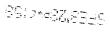
801 Plum Street, Room 308 Cincinnati, Ohio 45202 (513) 352-3246

\$25.00 FILING FEE 909500517

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.

-	ıll Name Anna	alese Cahill	
ΓU	III IVaille		
O	ccupationGove	rnment Affairs	
Tit	tle/Position	Sovernment Relations As	sociate
Rı	usiness Address	255 E 5th Street	1900
	Cincinnati	Street OH	Suite Number 45202
City		State	Zip(+4)
Τe	elephone Number	(513)83	32-5428
Da	ate of Engagemer	nt as Legislative Agent <u>02/0</u>	1/2023
	MPLOYER INF		
			own Consortium
T۱	pe of Industry	Nonprofit	
		3440 Burnet Ave	130
	Business Address	Street	Suite Number
BI		OH	45229
	Cincinnati	OH	Zip(+4)



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

Agriculture	Environment	X Real Estate/Housing
Alcohol/Tobacco	Financial Institutions/Consumer Finance	Retail and Commercial
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	X Transportation
ALL SIGNATURES MUST BE ORIGINAL A Annalese Cahill		
Type or Print Name of Legislative Agent		
Type or Print Name of Legislative Agent Signature of Legislative Agent	2/2/2023 Date	
Annales M W		
Manual Ma		
Signature of Legislative Agent B Robinson		
Signature of Legislative Agent B Robinson Type or Print Name of Persons Signing for Employer		