

**Clerk of Council**

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

**\$25.00 FILING FEE**

**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.**

**A. LEGISLATIVE AGENT INFORMATION**

- 1. Full Name SONYA JINDAL TORK
- 2. Occupation ATTORNEY
- 3. Title/Position PARTNER, TAFT STETTINIUS & HOLLISTER LLP
- 4. Business Address 425 WALNUT STREET SUITE 1800  

	Street	Suite Number
<u>CINCINNATI</u>	<u>OHIO</u>	<u>45243</u>
City	State	Zip(+4)
- 5. Telephone Number (513) 357-9335
- 6. Date of Engagement as Legislative Agent 5-10-2023

**B. EMPLOYER INFORMATION**

- 1. Full name of company or organization KINGSLEY + CO.
- 2. Type of Industry REAL ESTATE
- 3. Business Address 30 W 3RD ST FOURTH FLOOR  

	Street	Suite Number
<u>CINCINNATI</u>	<u>OH</u>	<u>45202</u>
City	State	Zip(+4)

**C. BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES.**

OPPOSITION TO DESIGNATION OF 3060 DURRELL AVE. IN EVANSTON AS HISTORICAL LANDMARK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

104000 FO X8E70  
1518\*-8Z,8#0T

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Environment                             | <input checked="" type="checkbox"/> Real Estate/Housing |
| <input type="checkbox"/> Alcohol/Tobacco          | <input type="checkbox"/> Financial Institutions/Consumer Finance | <input type="checkbox"/> Retail and Commercial          |
| <input type="checkbox"/> Arts/Entertainment       | <input type="checkbox"/> Medical/Hospitals/Health Care           | <input type="checkbox"/> Service Business               |
| <input type="checkbox"/> Communications/Media     | <input type="checkbox"/> Insurance                               | <input type="checkbox"/> Social Svs./Human Svs.         |
| <input type="checkbox"/> Contractors/Construction | <input type="checkbox"/> Labor/Labor Organizations               | <input type="checkbox"/> Science and Technology         |
| <input type="checkbox"/> County/Local Government  | <input type="checkbox"/> Legal                                   | <input type="checkbox"/> State Employees                |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Manufacturer                            | <input type="checkbox"/> State Government               |
| <input type="checkbox"/> Energy/Utilities         | <input type="checkbox"/> Public Interest                         | <input type="checkbox"/> Transportation                 |

**CERTIFICATION: THE UNDERSIGNED HEREBY CERTIFY THAT ALL REASONABLE EFFORTS AND DUE DILIGENCE HAVE BEEN UNDERTAKEN IN THE PREPARATION AND COMPLETION OF THIS STATEMENT AND THAT THE CONTENTS ARE TRUE AND ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE.**

**ALL SIGNATURES MUST BE ORIGINAL AND SIGNED PERSONALLY BY THE NAMED INDIVIDUAL.**

SONYA JINDAL TORK

\_\_\_\_\_  
Type or Print Name of Legislative Agent

*Sonya Jindal*

\_\_\_\_\_  
Signature of Legislative Agent

5-10-2023

\_\_\_\_\_  
Date

CHINEDUM K. NDUKWE

\_\_\_\_\_  
Type or Print Name of Persons Signing for Employer

BY:

*C. Ndukwu*

\_\_\_\_\_  
Signature for Employer

PRINCIPAL & FOUNDER

\_\_\_\_\_  
Title

5-10-2023

\_\_\_\_\_  
Date