

2024 00815

Clerk of Council

\$25.00 FILING FEE

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.

A. LEGISLATIVE AGENT INFORMATION

- 1. Full Name Krista Maier
- 2. Occupation Government Relations
- 3. Title/Position Senior Analyst, Government Relations
- 4. Business Address 3333 Burnet Avenue

	Street	Suite Number
<u>Cincinnati</u>	<u>OH</u>	<u>45229-3026</u>
City	State	Zip(+4)
- 5. Telephone Number (513) 517-0389
- 6. Date of Engagement as Legislative Agent 2/01/2024

B. EMPLOYER INFORMATION

- 1. Full name of company or organization Cincinnati Children's Hospital Medical Center
- 2. Type of Industry Medical
- 3. Business Address 3333 Burnet Avenue

	Street	Suite Number
<u>Cincinnati</u>	<u>OH</u>	<u>45229-3026</u>
City	State	Zip(+4)

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

Child Health, Healthcare, Health and Human Services

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 checked="" type="checkbox"/> Medical/Hospitals/Health Care | <input type="checkbox"/> Service Business |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Insurance | <input checked="" 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 checked="" 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.

Krista Maier

Type or Print Name of Legislative Agent



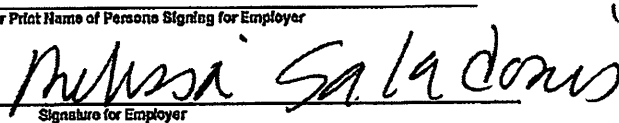
Signature of Legislative Agent

2/15/2024

Date

Melissa Saladonis

Type or Print Name of Person Signing for Employer

BY: 

Signature for Employer

Vice President, Government Relations

Title

2/15/2024

Date