Clerk of Council

A.

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.

LEGISLATIVE AGENT INFORMATION

Derrick Clay

	Title/Position41 S. High St. Business Address			2400		
	Columbus	Street	1	Suite Number 42315		
Č	City	State	е	Zip(+4)		
	Telephone Number (<u>6</u>	14)	628.6817	(6825)		
ı	Date of Engagement as Legislative Agent					
I	EMPLOYER INFORMATION					
	Full name of company or organization Cincinnati & Hamilton County Public Library					
I	Full name of company or	organization C	Cincinnati & I	Hamilton County Pub	lic Libr	
	Full name of company or Type of IndustryLibrar		Cincinnati & F	Hamilton County Pub	lic Libr	
-	Type of Industry_Librar	y Vine St	Cincinnati & F		olic Libra	
-	1.9	у	Cincinnati & I	Suite Number	olic Libr	

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

Agriculture	Environment	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	Transportation	
THAT THE CONTENTS ARE TRUE AND ACCALL SIGNATURES MUST BE ORIGINAL AND Derrick Clay Type or Print Name of Legislative Agent Type or Print Name of Persons Signing for Employer Paula Brehm Heed	Date		
BY: Signature for Employer			
	ector 1/26/2024		
Eva Jane Romaine Coombe Dire	PCTOF 1/20/2024		
accent To a			