202400018

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.

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MPLOYER INFORMATION Il name of company or organization Cincinnati Children's Hospital Medical Center pe of Industry Medical			
Business Address 3333 Burnet Avenue			
Street	Suite Number 45229-3026		
State	Zip(+4)		
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	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
Cha	ries H. Gerhardt, III		
Type or	Print Name of Legislative Agent		
C	CH Couldt #	2/14/2024 Date	
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Type or BY:	Print Name of Persons Signing for Employer Signalure for Employer	A ladaus	
Vice	e President, Government Relat	ions 2/15/2024	
		Date	