## 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.

Occupation Consultar			
Fitle/Position Senior D	Director of Government Affair	rs, Government Strategie	s Group
usiness Address700 Walnut Street		450	
Cincinnati	Street OH	Suite Number 45202	
City	State	Zip(+4)	
Telephone Number ( <u>51</u>	3 ) 651-4100		
Date of Engagement as	Legislative Agent 2/01/2024		
EMPLOYER INFOR	MATION		
	Art\Alorko		
Full name of company	or organization		
Type of Industry_Arts	& Culture / Youth Workforce		
Business Address 246	Gilbert Avenue		,
	Street	Suite Number	
Cincinnati	Ohio State	45206 Zip(+4)	
,			
BRIEF DESCRIPTION	ON OF THE TYPE OF LE	GISLATION TO WHIC	Н
	NT'S ENGAGEMENT RE	LATES.	
LEGISLATIVE AGE			mpus and

## 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 Financ	eRetail and Commercial
XArts/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/Utilitles X	Public Interest	Transportation
DILIGENCE HAVE BEEN UNDERTAKEN IN TH THAT THE CONTENTS ARE TRUE AND ACC  ALL SIGNATURES MUST BE ORIGINAL AND  Alana Tucker  Type or Print Name of Legislative Agent  Signature of Legislative Agent	URATE TO THE BEST OF HIS OR	HER KNOWLEDGE.
Type or Print Name of Persons Signing for Employer  BY:   Signature for Employer		
Chief Executive Officer & Artistic D	<u>02/14/2024</u>	