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\$25.00 FILING FEE

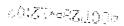
Clerk of Council

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					
Full Name_ Annalese Cahill						
	Occupation Government Affairs					
Title/Position Government Relations Associate						
Business Address 255 E Fifth Street			1900			
	Cincinnati	Street	Suite Number 45202			
	City	State	Zip(+4)			
	Telephone Number (513) <u>83</u> :	2-5428			
	Date of Engagement as Leg	islative Agent _	10/2/2023			
EMPLOYER INFORMATION						
Full name of company or organization Cincinnati Art Museum						
Type of Industry Arts						
Business Address 953 Eden Park Drive						
	Cincinnati	Street OH	Suite Number 45202			
		State	Zip(+4)			



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

	Agriculture	Environme	nt	Real Estate/Housing
	Alcohol/Tobacco	Financial Ir	stitutions/Consumer Finance	Retail and Commercial
	X_Arts/Entertainment	Medical/Ho	spitals/Health Care	Service Business
	Communications/Media	Insurance		Social Svs./Human Svs.
	Contractors/Construction	Labor/Labor	r Organizations	Science and Technology
	County/Local Government	Legal		State Employees
	Education	Manufacture	er	State Government
	Energy/Utilities	Public Inter	est	Transportation
ALL SIG	HE CONTENTS ARE TRUE AND BENATURES MUST BE ORIGINAL			
	alese Cahill			
Type or Prin	nt Name of Legislative Agent		10/2/2023	
No.	Signature of Legislative Agent		Date	
Type or Prin	DOVID W. LINNENSER	<u> </u>		
BY:	Signature for Employer			
	CAO		- 10/3/27	
	Title			