

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 Marilyn Hyland
- 2. Occupation Marketing Strategist
- 3. Title/Position Project Director
- 4. Business Address 7100 Drake Road
Street Suite Number
Cincinnati, OH 45243
City State Zip(+4)
- 5. Telephone Number (513) 284-4192
- 6. Date of Engagement as Legislative Agent May 17, 2021

B. EMPLOYER INFORMATION

- 1. Full name of company or organization Imperial 280 LLC, Imperial Theatre + Mohawk Alliance
- 2. Type of Industry Development
- 3. Business Address 1320 Broadway
Street Suite Number
Cincinnati, OH 45202
City State Zip(+4)

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

Economic + Community Development
New & Rehab Housing & Retail
for Imperial Theatre - Mohawk Arts Center

CLERK OF COUNCIL

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\$25.00 FILING FEE

Office of Counsel
801 Plum Street, Room 308
Cincinnati, Ohio 45202
(513) 382-3246

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 125-B prior to filing. There is a \$25.00 fee for this filing. Check or money order only will be 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 FILERS A FALSE STATEMENT IS GUILTY OF PERJURY UNDER SECTION 2921.3 OF THE OHIO REVISION CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

A. LEGISLATIVE AGENT INFORMATION

1. Full Name _____

2. Occupation _____

3. Title/Position _____

4. Business Address _____

5. Telephone Number (_____) _____

6. Date of Engagement as Legislative Agent _____

B. EMPLOYER INFORMATION

1. Full name of company or organization _____

2. Type of industry _____

3. Business Address _____

4. _____

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

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 checked="" type="checkbox"/> Retail and Commercial |
| <input type="checkbox"/> Arts/Entertainment | <input type="checkbox"/> Medical/Hospitals/Health Care | <input type="checkbox"/> Service Business |
| <input type="checkbox"/> Communications/Media | <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Svs./Human Svs. |
| <input checked="" 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 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.

Marilyn Hyland
Type or Print Name of Legislative Agent

Marilyn Hyland
Signature of Legislative Agent

May 24, 2021
Date

Juliana D. Fay
Type or Print Name of Persons Signing for Employer

BY: Juliana D. Fay
Signature for Employer

member, owner
Title

5/24/21
Date