

20230591

**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 Colleen Reynolds
- 2. Occupation Government Affairs
- 3. Title/Position Partner
- 4. Business Address 255 E 5th Street 1900  
Street Suite Number  
Cincinnati OH 45202  
City State Zip(+4)
- 5. Telephone Number (513) 832-5449
- 6. Date of Engagement as Legislative Agent 02/01/2023

**B. EMPLOYER INFORMATION**

- 1. Full name of company or organization Taft Museum of Art
- 2. Type of Industry Arts
- 3. Business Address 316 Pike St  
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 development, arts programming  
\_\_\_\_\_  
\_\_\_\_\_

981748878359

1104710 83028E10

**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 type="checkbox"/> Real Estate/Housing    |
| <input type="checkbox"/> Alcohol/Tobacco               | <input type="checkbox"/> Financial Institutions/Consumer Finance | <input type="checkbox"/> Retail and Commercial  |
| <input checked="" 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 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.

*Cullen Reynolds*

\_\_\_\_\_  
Type or Print Name of Legislative Agent

*Cullen M. Reynolds*

\_\_\_\_\_  
Signature of Legislative Agent

*2/2/23*

\_\_\_\_\_  
Date

L Necamp

\_\_\_\_\_  
Type or Print Name of Persons Signing for Employer

*L. Necamp*

\_\_\_\_\_  
Signature for Employer

*2/2/2023*

Deputy Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date