Clerk of Council

801 Plum Street, Room 308 Cincinnati, Ohio 45202 (513) 352-3246

LEGISLATIVE AGENT INFORMATION



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 Lobbyist Director of Government Affairs				
Title/Position				
Business Address 41 S. High St.		2400		
Columbus	Street OH	Suite Number 43215		
City	State	Zip(+4)		
Telephone Number (_614	628.6817	7 (6817)		
Date of Engagement as Legislative Agent				
EMPLOYER INFORMATION				
Full name of company or organization Cincinnati & Hamilton County Public Library Library				
Type of Industry				
Business Address				
Cincinnati	Street OH	Suite Number 45202		
City	State	Zip(+4)		
BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES. Legislation pertaining to Cincinnati & Hamilton County Public Library				

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 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
Type or Print Name of Persons Signing for Employer	ACCURATE TO THE BEST OF HIS OR HE AND SIGNED PERSONALLY BY THE N	ON OF THIS STATEMENT AND HER KNOWLEDGE. AMED INDIVIDUAL.
Paula Brehm Hee	ger	
BY: Signature for Employer		
Eva Jane Romaine Coombe	Director 1/26/2024	