\$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.

Gov Occupation	vernment Affairs	
•	artner	
Business Address	255 E Fifth St	1900
Cincinnati	Street OH	Suite Number 45202
City	State	Zip(+4)
Telephone Number	()	832-5449
D-1	t as Legislative Agent	11/6/2023
EMPLOYER INF	ORMATION	Urban League of Greater Southwestern C
EMPLOYER INF Full name of compa Type of Industry	ORMATION ny or organization Social Services 3458 Reading R	Urban League of Greater Southwestern C
EMPLOYER INF Full name of compa Type of Industry	ORMATION ny or organization Social Services	Urban League of Greater Southwestern C
EMPLOYER INF Full name of compa Type of Industry Business Address	ORMATION ny or organization Social Services 3458 Reading R Street	Urban League of Greater Southwestern C Road Suite Number

Title

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	X_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
ALL SIGNATURES MUST BE ORIGINA	DACCURATE TO THE BEST OF HIS OR HE L AND SIGNED PERSONALLY BY THE NAI	
Colleen Reynolds		
Type or Print Name of Legislative Agent		
Colleen M. Reynolds	11/6/2023	_
Signature of Legislative Agent	Date	
Christie Kuhns		
Type or Print Name of Persons Signing for Employer		
Byonstic Educs Signature for Employer		

Date