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Clerk of Council

A.

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

\$25.00 FILING FEE

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

Business Address 700	Malnut Stroot Sto 450	
Duoi11000 71001 000_71)(Walnut Street Ste 450	Suite Number
Cincinnati	OH	45202
City	State	Zip(+4)
Telephone Number (5	<u>13</u>) <u>651-4100</u>	
Date of Engagement a	s Legislative Agent 2/16/20	24
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EMPLOYER INFO	RMATION	
		141.4
Full name of company	or organization VisitCincy	
Type of Industry Trav	el and tourism	
Business Address 525 Vine Street		Suite 1200
Business Address 020	Street	Suite Number
Cincinnati	ОН	45202
City	State	Zip(+4)
2		
BRIEF DESCRIPTI	ON OF THE TYPE OF L	EGISLATION TO WHICH
	ENT'S ENGAGEMENT R	

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 X County/Local Government Legal State Employees _Education Manufacturer State Government Energy/Utilities Public Interest _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. Type or Print Name of Legislati

CATEGORICAL LISTING OF PRINCIPAL BUSINESS OR ACTIVITY OF

D.