2023012-07 \$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.

ull Name	Affairs	
occupation	ernment Affairs	
itle/PositionP	resident	
Business Address_	255 E 5th Street	1900 Suite Number
Cincinnati	OH	45202
ity	State	Zip(+4)
Telephone Number	( 513 )	977-8640
		04/13/23
Date of Engagemen	nt as Legislative Agent	
EMPLOYER INF	ORMATION	
		Eith Third Bank
Full name of compa	any or organization	Filti Tilli Dalik
Type of Industry	Banking	
Business Address_	38 Fountain Squ	
	Street	Suite Number 45202
Cincinnati	OH	7ip(+4)
lity	State	۵۲٬۰۰۰
	DTION OF THE T	PE OF LEGISLATION TO WHICH
RKIFL NEタヘKI	ACENT'S ENGAGI	EMENT RELATES.
ECICL ATIVE		

## D. CATEGORICAL LISTING OF PRINCIPAL BUSINESS OR ACTIVITY OF EMPLOYER. PLEASE CHECK ALL THAT ARE APPLICABLE.

Agriculture	Environment	Real Estate/Housing
Alcohol/Tobacco	X_Financial Institutions/Consumer Finance	Retail and Commercial
Arls/Entertainment	Medical/Hospitals/Health Care	Service Business
Communications/Media	Insurance	Sociel 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
DILIGENCE HAVE BEEN UNDERTAKEN II	O HEREBY CERTIFY THAT ALL REASON IN THE PREPARATION AND COMPLETION ACCURATE TO THE BEST OF HIS OR HE	N OF THIS STATEMENT AND
ALL SIGNATURES MUST BE ORIGINAL	AND SIGNED PERSONALLY BY THE NAM	MED INDIVIDUAL,
Type or Print Name of Legislative Agent		
	4/11/23	)
Signature of Legislative Agent  NICHOLAS T. Pods  Type or Print Name of Persons Signing for Employer	IADY	
Segnature for Employer	- Comer 4/13/	/ 27