200401782

Clerk of Council

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

Please check ALL that apply	
☐ Termination(s) of Engagemen	t

Change of Address
Amended Statement

LEGISLATIVE AGENT UPDATED REGISTRATION STATEMENT

This statement must be filed with the Clerk of Council by the last day of January and July, annually. Please read instructions and review Sections 112-1 to 112-17, Cincinnati Municipal Code, prior to filing. There is no fee for this filing. 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 the 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. Other related prohibitions and penalties are contained in Section 112-99 of the Cincinnati Municipal Code.

A. GENERAL INFOR	MATION		W
Full Name of Legislative Ag		Marie	Reynolds
O O O	(First)	(Middle)	(Last)
Occupation Gove	ernment Affairs		
Business Address	255 E 5 th Street	1900	
	Street	Suite Num	ber
Cincinnati	ОН	45202	
City	State	Zip (+4)	
Telephone Number	(513) 832 - 5449)	·
GENT CHANGE OF NAME Updated Registration	E OR ADDRESS – Based on Statement, state any change	your initial Registrati es in your name or a	on Statement or last ddress.
GENT CHANGE OF NAME Updated Registration (If none, check here	n Statement, state any change	your initial Registrati es in your name or a	on Statement or last ddress.
Updated Registration	Statement, state any change	your initial Registraties in your name or a	ddress.
Updated Registration (If none, check here Name of Legislative	Statement, state any change	es in your name or a	ddress.
Updated Registration	Statement, state any change	es in your name or a	ddress.
Updated Registration (If none, check here Name of Legislative	Statement, state any change X) Agent	es in your name or a	ddress.
Updated Registration (If none, check here Name of Legislative Address	Street State State State	es in your name or a	ddress.
Updated Registration (If none, check here Name of Legislative Address City Telephone Number	Street State State State	Suite Nun	nber
Updated Registration (If none, check here Name of Legislative Address City Telephone Number	Street Street State () on this filed for period covering (change)	Suite Nun	nber ear).

Employer Name

Addiction Services Council
Alden Renewable Energy
America's River Roots Experience
Blue Ocean Development
Camp Joy
Cincinnati Art Museum
Cincinnati Arts Association
Cincinnati Ballet
Cincinnati Barge & Rail Terminal
(The Sawyer Place Company)
Cincinnati Blue Line Foundation
Cincinnati USA Regional Chamber
Cincy Smiles Foundation
Circle Development, LLC
CincyTech
Dragonfly Foundation
Equitable Financial Life Insurance Company
Fifth Third Bank
Jewish Federation of Cincinnati
Joe Burrow Foundation
Levy Entertainment
Madison & Stewart, LLC
Marketplace Events
Mercantile Library
Norfolk Southern
Oakley Yards Development, LLC
PC Build
PLK Cooper, LLC
Roger Bacon High School
Rosemary's Babies Co.
Steiner (Development)
Taft Museum of Art
Trinitas Ventures, LLC
TWG
United Way of Greater Cincinnati
University of Cincinnati
Uptown Consortium
Uptown Rental Properties
Urban League of Greater Southwest Ohio

B. AMENDMENTS, TERMINATIONS, AND TYPES OF LEGISLATION

		ENT – Is this an Amended Statement (i.e., any change in an amount or a filing esolution decision of the OCCI.
☐ YES	}	⊠ NO
If yes,	ou are req	uired to complete only the portion(s) you have amended.
TERMINAT	IONS – Ar	e you still engaged by all of the employers listed on page 1 of this form?
⊠ YE	;	□ NO
If no, p termina		e name of the Employers by whom you are no longer engaged and the date of (Attach additional sheets if necessary).
Emple	yer Name	Date of Termination

ORDINANCES AND RESOLUTIONS – List the specific ordinance(s) and resolution(s) on which you actively advocated during this reporting period.

Employer	Ordinance/Resolution #	Description
America's River Roots Experience	01540-2024	FY 24-25 Operating Budget, including allocation of \$250,000 for River Roots under Special Events
Camp Joy	01540-2024	FY 24-25 Operating Budget, including allocation of \$75,000 for Camp Joy in Leveraged Support
Cincy Smiles Foundation	01540-2024	FY 24-25 Operating Budget, including allocation of \$25,000 for Camp Joy in Leveraged Support
CincyTech	01540-2024	FY 24-25 Operating Budget, including allocation of \$250,000 for CincyTech in Leveraged Support
Urban League of Greater Southwestern Ohio	01540-2024	FY 24-25 Operating Budget, including allocation of \$100,000 for the Urban League in Leveraged Support and \$430,000 for the Minority Business Accelerator
PC Build	01057-2024	Zone change
Laurich Coderation of	00800-2024	Ceasefire Resolution Language- B Version (Agenda Ready)
Jewish Federation of Cincinnati	00792-2024	Ceasefire Resolution Language (Filed) World Keffiyah Day Resolution Language (Passed)

ADDITIONAL TYPES OF LEGISLATION – Since your Initial Registration Statement or last Updated Registration Statement for all Employers listed on this form, give a brief description of each of the additional types of legislation to which any of your engagements relate.

(If none, check here ⊠)

C. DEFINITIONS

"Staff" means any city employee whose official duties are to formulate policy <u>and</u> who exercises administrative or supervisory authority or who authorizes the expenditure of city funds. "Staff" is limited to employees who are required to file a Financial Disclosure Statement under Article XXVI of the Administrative Code.

"Legislation" means ordinances, resolutions, amendments, nominations, and any other matter pending before the Council. See the definition of "legislation" under Section 112-1-L, Cincinnati Municipal Code.

D. FINANCIAL TRANSACTIONS

If the Legislative Agent, or a member of his or her immediate family had, during this reporting period, a financial transaction* (which is not being disputed under Section 112-19, Cincinnati Municipal Code,) with or for the benefit of a member of the Council, appointee of the Council, City Manager, the Director of a department created under the Administrative Code, or any member of the staff* of such public officer or employee, then the following information is required with respect to each such financial transaction:

	rief description of the purpose and nature of the
	ansaction:
c. Da	ate the transaction was made or entered to:
	ther pertinent etails:

(If none, check here ⊠)

NOTE: If the Legislative Agent is required to disclose a financial transaction described in this Paragraph F, then the Legislative Agent shall <u>deliver a copy of such paragraph</u> which contains such information to the public office(s) of employee(s) identified therein, <u>at least ten (10) days</u> before this form is filed with the Clerk of Council.

If the foregoing provision is applicable, indicate the date that such information was delivered:

<u>CERTIFICATION</u>: THE UNDERSIGNED HEREBY CERTIFIES 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.

Oallana M. Barmalda	Coller M. Rigards	7/20/2024
Colleen M. Reynolds		
Type or Print Name of Legislative Agent	Signature of Legislative Agent	Date