

Clerk of Council

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

202402076
\$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.**

A. LEGISLATIVE AGENT INFORMATION

1. Full Name Alana M. Tucker
2. Occupation Consultant, Government Strategies Group
3. Title/Position Senior Director of Government Affairs
4. Business Address 700 Walnut St, Suite 450

Cincinnati, OH 45202
City

State

Zip(+4)
5. Telephone Number (513) 651-4100
6. Date of Engagement as Legislative Agent 9/9/2024

B. EMPLOYER INFORMATION

1. Full name of company or organization Best Point Education & Behavioral Health
2. Type of Industry youth, education and mental health services
3. Business Address 5050 Madison Rd

Cincinnati, OH 45202
City

State

Zip(+4)

C. BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES.

activities related to youth, education, and mental health services

CLERK OF COUNCIL

202402076

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

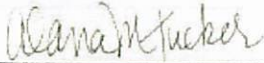
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Environment	<input type="checkbox"/> Real Estate/Housing
<input type="checkbox"/> Alcohol/Tobacco	<input type="checkbox"/> Financial Institutions/Consumer Finance	<input type="checkbox"/> Retail and Commercial
<input type="checkbox"/> Arts/Entertainment	<input checked="" type="checkbox"/> Medical/Hospitals/Health Care	<input type="checkbox"/> Service Business
<input type="checkbox"/> Communications/Media	<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Social Svs./Human Svs.
<input type="checkbox"/> Contractors/Construction	<input type="checkbox"/> Labor/Labor Organizations	<input type="checkbox"/> Science and Technology
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> Legal	<input type="checkbox"/> State Employees
<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> State Government
<input type="checkbox"/> Energy/Utilities	<input type="checkbox"/> Public Interest	<input type="checkbox"/> 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.

Alana M. Tucker

Type or Print Name of Legislative Agent



Signature of Legislative Agent


9/13/2024

Date

John Banchy

Type or Print Name of Persons Signing for Employer

BY:


Signature for Employer

President & CEO

Title

9/13/2024

Date