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.

	A.	LEGISLATIVE AGENT INFORMATION
	1.	Full Name_ Anne Sesler
	2.	Occupation Con Sultant
3	3.	Title/Position Dr of Public Apparts, 656
4	4.	Business Address 700 Walnut St. 450
		Cinchnati Of 45202
		City State Zip(+4)
	5.	Telephone Number (513) 686 - 919 2
6	6.	Date of Engagement as Legislative Agent Feb. 1, 2024
1	В.	EMPLOYER INFORMATION
	1.	Full name of company or organization Holocaust + Humanity Cente
2	2.	Type of Industry MUSEUM, public education
3	3.	Business Address 1301 Western Ave.
		Street Suite Number
		CITY State OM 45203
BHAPS'SAAMS	Ċ.	BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH
		LEGISLATIVE AGENT'S ENGAGEMENT RELATES.
		support for Holocaust education
A SECTION OF THE PARTY OF THE P		

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	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
CERTIFICATION: THE UNDERSIGNED DILIGENCE HAVE BEEN UNDERTAKEN IN THAT THE CONTENTS ARE TRUE AND A ALL SIGNATURES MUST BE ORIGINAL A Type or Print Name of Legislative Agent Signature of Legislative Agent Legislative Agent Type or Print Name of Persons Signing for Employer	ACCURATE TO THE BEST OF HIS OR HE AND SIGNED PERSONALLY BY THE NA	N OF THIS STATEMENT AND ER KNOWLEDGE.
Chief Cemminiz Englegen External Relation Offi	unt : 2-15-2	./