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_ James Benedict
	2.	Occupation Consultant
	3.	Title/Position_ Vice President
	4.	Business Address 700 Walnut St. Svite 450 Street Suite Number
		City State OH 45207
	5.	Telephone Number (513) 651-4100
	6.	Date of Engagement as Legislative Agent Feb. 1, 2024
	B.	EMPLOYER INFORMATION
	1.	Full name of company or organization Holocaust + Humanity Center
	2.	Type of Industry MUSEUM, public education
	3.	Business Address 1301 Western Ave. Street Suite Number
		City Circinnati OH 45203 Zip(+4)
	C.	BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES.
HR'24AB:	kS.	support for Holocaust education

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 Technolog	
	County/Local Government	Legal	State Employees	
	Education	Manufacturer	State Government	
	Energy/Utilities	Public Interest	Transportation	
THA:	SENCE HAVE BEEN UNDERTAKEN T THE CONTENTS ARE TRUE AN	ED HEREBY CERTIFY THAT ALL REASON IN THE PREPARATION AND COMPLETION ID ACCURATE TO THE BEST OF HIS OR HER AL AND SIGNED PERSONALLY BY THE NAM	OF THIS STATEMENT AN R KNOWLEDGE.	
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