202102985

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

$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: Zachery McCune
2. Occupation: Public Policy
3. Title/Position: Associate Director of Public Policy
4. Business Address: 1105 Schrock Rd., Suit 400
   Street / Suite Number
   Columbus / OH / 43229
   City / State / Zip(+4)
5. Telephone Number (614) 987-5525
6. Date of Engagement as Legislative Agent: 7/28 and 8/19

B. EMPLOYER INFORMATION

1. Full name of company or organization: Equitas Health
2. Type of Industry: Healthcare
3. Business Address: 1105 Schrock Rd., Suit 400
   Street / Suite Number
   Columbus / OH / 43229
   City / State / Zip(+4)

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

Meeting with City Council and City Manager to request support in the city carryover budget to help fund the development of a mobile outreach unit to meet the healthcare needs of those living with or at risk of HIV in Cincinnati.

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	__X__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 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.

Zachery McCune

Type or Print Name of Legislative Agent

Signature of Legislative Agent

9/20/21

Date

Daphne Kackloudis

Type or Print Name of Persons Signing for Employer

BY: Signature of Employer

Chief Public Policy & Admin. Officer

Title

9/20/2021

Date