

Women's Fund  
of the  
Greater Cincinnati  
Fdn.

**Clerk of Council**

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

Please check ALL that apply

- Termination(s) of Engagement
- Change of Address
- Amended Statement

202201584

**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 INFORMATION**

Full Name of Legislative Agent Holly Bowen Nagel Hankison  
(First) (Middle) (Last)

Occupation Advocacy Director, Women's Fund of the Greater Cincinnati Fdn.

Business Address 720 E. Pete Rose Way, Ste. 120  
Street Suite Number

Cincinnati OH 45202  
City State Zip(+4)

Telephone Number ( 513 ) 768-6124

**AGENT CHANGE OF NAME OR ADDRESS** - Based on your initial Registration Statement or last Updated Registration Statement, state any changes in your name or address.

(If none, check here )

Name of Legislative Agent \_\_\_\_\_

Address \_\_\_\_\_  
Street Suite Number

City State Zip(+4)

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Reporting Period:** Statement filed for period covering (check one and fill in year).

- January 1 through June 30, 2022 (Report due on or before July 31)
- July 1 through December 31, 1999 (Report due on or before Jan. 31)

**B. AMENDMENTS, TERMINATIONS, AND TYPES OF LEGISLATION**

**AMENDED STATEMENT** - Is this an Amended Statement (i.e., any change in an amount or a filing pursuant to a dispute resolution decision of the OCCl.

187101809  
\_\_\_\_ YES     NO

If yes, you are required to complete only the portion(s) you have amended.

**TERMINATIONS** - Are you still engaged by all of the employers listed on page 1 of this form?

YES    \_\_\_\_ NO

If no, please list the name of the Employers by whom you are no longer engaged and the date of termination. (Attach additional sheets if necessary.)

Employer Name	Date of Termination

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

2022-2023 City Budget  
Appra  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Appointment of Julie Doyle to Salary History Work Group

(If none, check here )

**C. DEFINITIONS**

"Staff" means any city employee whose official duties are to formulate policy and 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.

"Financial Transaction" See definition in Section 112-1-F, 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:

- a. Name of the public officer, employee, or staff member: \_\_\_\_\_
- b. Brief description of the purpose and nature of the transaction: \_\_\_\_\_  
\_\_\_\_\_
- c. Date the transaction was made or entered into: \_\_\_\_\_
- d. Other pertinent details: \_\_\_\_\_  
\_\_\_\_\_

(Attach an additional sheet for each public officer, employee, or staff member.)

(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 deliver a copy of such paragraph which contains such information to the public officer(s) of employee(s) identified therein, at least ten (10) days before this form is filed with the Clerk of Council.

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

**CERTIFICATION: 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.**

Holly Hankinson  
Type or Print Name of Legislative Agent

Holly Hankinson  
Signature of Legislative Agent

7/20/22  
Date

Dear Mr. [Name],  
I have received your letter of the 10th and am glad to hear that you are interested in the [Project Name]. I am sure that the information I have provided will be helpful to you. I will be glad to answer any questions you may have.

Sincerely,  
[Name]

[Address]

The following information is being provided to you for your information. It is based on the data available at the time of this report. It is subject to change as more information becomes available.

Very truly yours,  
[Name]

[Address]

Enclosed for you are [Number] copies of the report mentioned above.

If you have any questions, please contact [Name] at [Phone Number].

Very truly yours,  
[Name]

[Address]

Very truly yours,  
[Name]

[Address]

Very truly yours,  
[Name]

[Address]

Very truly yours,  
[Name]

[Address]

Very truly yours,  
[Name]

[Address]

Very truly yours,  
[Name]

[Address]