

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

\$25.00 FILING FEE
202201109

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 Nicole Ware
2. Occupation Government Relations
3. Title/Position Associate State Director, Advocacy & Community Engagement
4. Business Address 41 S. High Street, Suite 3550

<small>Street</small>	<small>Suite Number</small>
<u>Columbus, OH, 43215</u>	
<small>City</small>	<small>State</small>
	<small>Zip(+4)</small>
5. Telephone Number (513) 266-9062
6. Date of Engagement as Legislative Agent 03/28/2022

B. EMPLOYER INFORMATION

1. Full name of company or organization AARP Ohio
2. Type of Industry Nonprofit 501c4
3. Business Address 41 S. High Street, Suite 3550

<small>Street</small>	<small>Suite Number</small>
<u>Columbus, OH, 43215</u>	
<small>City</small>	<small>State</small>
	<small>Zip(+4)</small>

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

Lobbying in Cincinnati, Ohio on issues including but not limited to livable communities, financial security, caregiving, and more.

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/Tobacco | <input type="checkbox"/> Financial Institutions/Consumer Finance | <input type="checkbox"/> Retail and Commercial |
| <input type="checkbox"/> Arts/Entertainment | <input 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 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.

Nicole Ware

Type or Print Name of Legislative Agent

Nicole Ware
Signature of Legislative Agent

4-23-22
Date

~~Kalitha Williams~~ Holly Holtzen

Type or Print Name of Persons Signing for Employer

BY: [Signature]
Signature for Employer

State Director
Title

4/19/22
Date