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

City

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 Government Strategies Group				
3.	Title/PositionSenior Advisor				
4.	Business Address 700	Walnut Street Street	Ste 450 Suite Number		
	Cincinnati	ОН	45202		
	City	State	Zip(+4)		
5. 6.	Telephone Number (513) 651-4100 Date of Engagement as Legislative AgentDecember 10, 2021				
В.	EMPLOYER INFORMATION				
1.	Full name of company or organization MORTAR Cincinnati				
2.	Type of IndustryEntrepreneurship				
3.	34	340 Reading Road			
	Business Address	Street	Suite Number	,	
	Cincinnati	ОН	45202		

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

State

Activities related to minority business entrepreneurship.

Zip(+4)

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	XRetail and Commercial
Arts/Entertainment	Medical/Hospitals/Health Care	Service Business
Communications/Media	Insurance	XSocial 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

<u>CERTIFICATION:</u> 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.

Anne Sesler	_
Type or Print Name of Legislative Agent	
Anne Aesler	December 10, 2021
Signature of Legislative Agent	Date
Allen Woods	
Type or Print Name of Persons Signing for Employer	
Alle	
Signature for Employer	
CoFounder & Executive Director	December 16, 2021
Title	Date