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.

LEGISLATIVE AGENT INFORMATION
Full Name Couge 1. O over
Occupation MANAGING Vivector
Title/Position Focused Capitol Solutions LLC
Business Address 425 Walaut Street \$1800
City State Suite Number 4500 Zip(+4)
Telephone Number (_5(3)357 - 9486
Date of Engagement as Legislative Agent
EMPLOYER INFORMATION
Full name of company or organization A5M GlobA
Type of Industry VENUE MANAGEMENT
Business Address 800 W. OLYMPIC BOUCEVARD
LOS ANGELES CA 90015
City State Zip(+4)
BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH LEGISLATIVE AGENT'S ENGAGEMENT RELATES.

CLERK OF COUNCIL

D. CATEGORICAL LISTING OF PRINCIPAL BUSINESS OR ACTIVITY OF EMPLOYER. PLEASE CHECK ALL THAT ARE APPLICABLE.

	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 Technology
County/Local Government	Legal	State Employees
Education	Manufacturer	State Government
Energy/Utilities	Public Interest	Transportation
	HEREBY CERTIFY THAT ALL REASONA	
DILIGENCE HAVE BEEN UNDERTAKEN IN THAT THE CONTENTS ARE TRUE AND ALL SIGNATURES MUST BE ORIGINAL Type or Print Name of Legislative Agent Signature of Legislative Agent	ATHE PREPARATION AND COMPLETION OF ACCURATE TO THE BEST OF HIS OR HER AND SIGNED PERSONALLY BY THE NAME	OF THIS STATEMENT AND KNOWLEDGE.
DILIGENCE HAVE BEEN UNDERTAKEN IN THAT THE CONTENTS ARE TRUE AND ALL SIGNATURES MUST BE ORIGINAL Type or Print Name of Degislative Agent	ATHE PREPARATION AND COMPLETION OF ACCURATE TO THE BEST OF HIS OR HER AND SIGNED PERSONALLY BY THE NAME	OF THIS STATEMENT AND KNOWLEDGE.