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

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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.

А.	LEGISLATIVE AGENT INFORMATION
1.	Full Name Davis
2.	Occupation Government Affairs Title/Position precident
3.	Title/Position_ PREXident
4.	Business Address 255 East hfth Spreet 1900
	UnimetStreetStreetUnimetUN45202CityStateZip(+4)
5.	Telephone Number (
6.	Date of Engagement as Legislative Agent 7 30 / 20
В.	
1.	Full name of company or organization PLK COOPER, LLC
2.	Type of Industry Real Estate
3.	Business Address 5905 E. Gallfrith Road 4100
	Street Suite Number
	City State Zip(+4) CLERK OF COUNCIL
C.	BRIEF DESCRIPTION OF THE TYPE OF LEGISLATION TO WHICH

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

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Agriculture	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

<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.

Matt Danis	
Type or Print Name of Legislative Agent	
M	8/3/20
Signature of Legislative Agent	Date
Nicholus Lingentelter	
Type or Print Name of Persons Sighing for Employer	
BY: A	_
Signature for Employer	
	7/34/2030
Trið	Date