

**Clerk of Council**

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

**\$25.00 FILING FEE****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 Colleen Reynolds
2. Occupation Government Affairs
3. Title/Position Director
4. Business Address 255 East Fifth Street 1900  
Street Suite Number  
Cincinnati OH 45202  
City State Zip(+4)
5. Telephone Number ( 513 ) 832-5449
6. Date of Engagement as Legislative Agent 1/30/20

**B. EMPLOYER INFORMATION**

1. Full name of company or organization Rosemary's Babies Co.
2. Type of Industry Non Profit CLERK OF COUNCIL
3. Business Address 4439 Reading Road 107  
Street Suite Number  
Cincinnati OH 45229  
City State Zip(+4)

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

Real Estate Funding,  
Relationship Building

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

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Environment	<input type="checkbox"/> Real Estate/Housing
<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.**

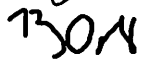
**ALL SIGNATURES MUST BE ORIGINAL AND SIGNED PERSONALLY BY THE NAMED INDIVIDUAL.**

Colleen M. Reynolds  
Type or Print Name of Legislative Agent

Colleen M. Reynolds  
Signature of Legislative Agent

~~8-4-20~~ 8-4-20  
Date

Rosemary Oglesby-Kenny  
Type or Print Name of Person Signing for Employer

BY:   
Signature for Employer

CEO  
Title

7/31/2020  
Date