202002184

## **Clerk of Council**

**\$25.00 FILING FEE** 

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.

(	Occupation Principal		
	Title/Position Principal - Vo	rys Advisors	
Business Address 52 East Gay Street			
	Columbus, OH 43215	Street	Suite Number
•	dy	State	Ztp(+4)
	Telephone Number (614	) 464-5470	
i	Date of Engagement as Leg	islative Agent 11/20/20	)
	EMPLOYER INFORMA	TION	
Full name of company or organization Vistra/Dynegy			
٠	Type of Industry Utilities/Er	nergy	
1	Business Address 6555 Sier	rra Drive	
	Irving, TX 75039	Street	Suite Number
			Z(p(+4)

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

138.25.36.35

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
ALL SIGNATURES MUST BE ORIGINAL AN	ID SIGNED PERSONALLY BY THE NAM	MED INDIVIDUAL.
Lou Gentile		
Type or Print Name of Landslative Ament  Jou Gentile		
Signature of Legislative Agent		
	Date	
Sano Blocker Type or Print Name of Persons Signing for Employer	Date	
	Date	
Type or Print Name of Persons Signing for Employer  BY: Sano Blocker		