202100483

# **Clerk of Council**

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

Please chec	k ALL that apply
☐ Terminati	

## LEGISLATIVE AGENT UPDATED REGISTRATION STATEMENT

This statement must be filed with the Clerk of Council by the last day of January and July, annually. Please read instructions and review Sections 112-1 to 112-17, Cincinnati Municipal Code, prior to filing. There is no fee for this filing. 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 the 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. Other related prohibitions and penalties are contained in Section 112-99 of the Cincinnati Municipal Code.

•	GENERAL INFOR	MATION		
=ull	Name of Legislative Age	ent Matt		Davis
		(First)	(Middle)	(Last)
	Occupation Gove	rnment Affairs		
	Business Address	255 E 5 <sup>th</sup> Street	1900	
		Street	Suite Numl	per
	Cincinnati	OH	45202	
	City	State	Zip (+4)	
	Telephone Number	( 513 ) 977 - 86	640	
(GEI	Updated Registration	OR ADDRESS – Based Statement, state any cha	on your initial Registration nges in your name or ad	on Statement or la Idress.
GEI	Updated Registration (If none, check here	Statement, state any cha	nges in your name or ad	on Statement or la
GEI	Updated Registration (If none, check here	Statement, state any cha  X )  Agent	nges in your name or ad	on Statement or la
GEI	Updated Registration  (If none, check here  Name of Legislative	Statement, state any cha	nges in your name or ad	dress.
GEI	Updated Registration  (If none, check here  Name of Legislative	Statement, state any cha  X )  Agent	nges in your name or ad	dress.
(GEI	Updated Registration  (If none, check here  Name of Legislative  Address	Statement, state any cha  X )  Agent  Street	nges in your name or ad	dress.
	Updated Registration  (If none, check here  Name of Legislative  Address  City  Telephone Number	Statement, state any cha  X )  Agent  Street	Suite Num	ber
Repo	Updated Registration  (If none, check here  Name of Legislative  Address  City  Telephone Number	Statement, state any cha X)  Agent  Street  State  ()  It filed for period covering	Suite Num	ber ar).

**Date of Termination** 

2021001803

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### **Employer Name**

Blue Ocean Development	
Cincinnati Arts Association	
Cincinnati Ballet	
Cincinnati Barge & Rail Terminal	
(The Sawyer Place Company)	
Circle Development, LLC	
CincyTech	
Dragonfly Foundation	
Earth Management Trucking	
Madison & Stewart, LLC	
Oakley Yards Development, LLC	
Paramount Redevelopment Group, LLC	
PayIt	
PLK Cooper, LLC	
Rosemary's Babies Co	
Transdev North America, INC	
Trinitas Ventures, LLC	
UC Health	
University of Cincinnati	
Uptown Consortium	

### B. AMENDMENTS, TERMINATIONS, AND TYPES OF LEGISLATION

		RESOLUTIONS – List the specific ordinance(s) and resolution(s) on which you ring this reporting period.
	Employer Nam	Date of Termination
	If no, please list t termination.	e name of the Employers by whom you are no longer engaged and the date of (Attach additional sheets if necessary).
	⊠ YES	□ NO
TE	RMINATIONS – A	e you still engaged by all of the employers listed on page 1 of this form?
	If yes, you are re	uired to complete only the portion(s) you have amended.
	☐ YES	⊠ NO
pur	suant to a dispute	esolution decision of the OCCI.

Employer	Ordinance/Resolution #	Description
Paramount Redevelopment	0278-2020	Zone Change – May Square
Oakley Yards Development	0371-2020	Tunnel Project Funding
Rosemary's Babies	0354-2020	Carryover Project Funding
Dragonfly Foundation	0354-2020	Carryover Project Funding

**ADDITIONAL TYPES OF LEGISLATION** – Since your Initial Registration Statement or last Updated Registration Statement for all Employers listed on this form, give a brief description of each of the additional types of legislation to which any of your engagements relate.

(If none, check here ⊠)

#### C. DEFINITIONS

**"Staff"** means any city employee whose official duties are to formulate policy <u>and</u> who exercises administrative or supervisory authority or who authorizes the expenditure of city funds. "Staff" is limited to

employees who are required to file a Financial Disclosure Statement under Article XXVI of the Administrative Code.

"Legislation" means ordinances, resolutions, amendments, nominations, and any other matter pending before the Council. See the definition of "legislation" under Section 112-1-L, Cincinnati Municipal Code.

#### D. FINANCIAL TRANSACTIONS

a.

Name of the public officer, employee, or staff

If the Legislative Agent, or a member of his or her immediate family had, during this reporting period, a financial transaction\* (which is not being disputed under Section 112-19, Cincinnati Municipal Code,) with or for the benefit of a member of the Council, appointee of the Council, City Manager, the Director of a department created under the Administrative Code, or any member of the staff\* of such public officer or employee, then the following information is required with respect to each such financial transaction:

	member:	
b.	Brief description of the purpose and nature of the transaction:	
C.	Date the transaction was made or entered into:	
d.	Other pertinent details:	
Attach :	an additional sheet for each public officer, employee, or staff member)	
	(If none, check here ⊠)	
	NOTE: If the Legislative Agent is required to disclose a financial transaction of	described in this
	Paragraph F, then the Legislative Agent shall <u>deliver a copy of such paragraph</u> such information to the public office(s) of employee(s) identified therein, <u>at leading the sound is filed</u> with the Clerk of Council.	oh which contains
	If the foregoing provision is applicable, indicate the date that such information	n was delivered:
EFFOR	FICATION: THE UNDERSIGNED HEREBY CERTIFIES THAT ALL REASORTS AND DUE DILIGENCE HAVE BEEN UNDERTAKEN IN THE PREPARALETION OF THIS STATEMENT AND THAT THE CONTENTS ARE TRUE AS BEST OF HIS OR HER KNOWLEDGE.	ATION AND
		JAMED.
ALL S	IGNATURES MUST BE ORIGINAL AND SIGNED PERSONALLY BY THE I	NAMED
	M-4	
Matt D	avis	1/28/21
Type or F	rint Name of Legislative Agent Signature of Legislative Agent	Date