Clerk of Council

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

Please check ALL that apply	
✓ Termination(s) of Engagement	nt
Change of Address	
Amended Statement	

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.

A.	GENERAL INFORMA	TION				
Full N	lame of Legislative Agent_	ou Gentile	<u> </u>			
	Occupation Lobbyist	(First)	(Middle)	(Last)		
	Business Address Vorys A	Advisors,	52 East Ga	y Street		
	Street Columbus, OH 43215			Suite Number		
	Crty	State		Zip(+4)		
	Telephone Number (614)	464-5470			
AGEN	NT CHANGE OF NAME OR A	ADDRESS -	Based on your	initial Registration State	ment or last	
	Updated Registration State		any changes in	<u>-</u>		
		ement, state	any changes in	<u>-</u>		
	Updated Registration State	ement, state		your name or address.		<u>1</u> 8JUL/21aml1:)
	Updated Registration State (If none, check here X	ement, state		your name or address.		<u>1</u> 83UL'Zlamlici
	Updated Registration State (If none, check here X Name of Legislative Agent	ement, state		your name or address.		_
	Updated Registration State (If none, check here X Name of Legislative Agent	ement, state		your name or address.		<u>r</u> sjul'Zlamliji — Glerkof Councy
	Updated Registration State (If none, check here X Name of Legislative Agent Address	Street		your name or address. Suite Nu		_
Repo	Updated Registration State (If none, check here X Name of Legislative Agent Address	Street State		your name or address. Suite Nu Zip(+4)		_

B. AMENDMENTS, TERMINATIONS, AND TYPES OF LEGISLATION

	ant to a dispute r		decision of the	OCCI.		
	YES	<u>x N</u>	0			
	If yes, you are	required	to complete on	ly the portion(s) y	ou have amended.	
TERN	IINATIONS - Are	you still o	engaged by all	of the employers	listed on page 1 of this for	m?
	YES	<u>x</u> N	0			
				yers by whom yo	u are no longer engaged a	and the date of
ВР	Employer Nar				Date of Terminat	tion
ORDI	NANCES AND Reated during this r	ESOLUT	IONS - List the		e(s) and resolution(s) on v	vhich you actively
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ORDI		ESOLUT	IONS - List the		e(s) and resolution(s) on v	which you actively
ORDI	TIONAL TYPES	esolut reporting properties of the control of the c	IONS - List the period. SLATION - Sin mployers listed	specific ordinance	gistration Statement or las	t Updated

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.

"Financial Transaction" See definition in Section 112-1-F, Cincinnati Municipal Code.

D. FINANCIAL TRANSACTIONS

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:

a.	Name of the public officer, employee, or staff member:					
b.	Brief description of the purpose and nature of the transaction:					
C.	Date the transaction wa	as made or entered into:				
d.	Other pertinent details:					
(Attach	an additional sheet for	each public officer, employee, o	r staff member.)			
	(If none, check here X)				
	Paragraph F, then the such information to the	Legislative Agent shall deliver a	a financial transaction described in this copy of such paragraph which contains identified therein, at least ten (10) days			
	If the foregoing provision	on is applicable, indicate the dat	e that such information was delivered:			
AND D	UE DILIGENCE HAVE	BEEN UNDERTAKEN IN THE F	S THAT ALL REASONABLE EFFORTS PREPARATION AND COMPLETION OF AND ACCURATE TO THE BEST OF			
ALL SI		ORIGINAL AND SIGNED PERS	SONALLY BY THE NAMED			
Lou Ge		You Gentile	7/1/2021			
Type or Pr	rint Name of Legislative Agent	Signature of Legislative Agent	Oate			