Clerk of Council

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

Ni J	Please check ALL that apply
11 p 14 k 14 j	☐ Termination(s) of Engagement☐ 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.

١.	GENERAL INFOR	MATION		
Full Name of Legislative Agent _		ent Colleen (First)	Marie (Middle)	Reynolds (Last)
	Occupation Gove	ernment Affairs		
	Business Address	255 E 5 th Street	190 Suite Nur	
	Cincinnati	OH	45202	
	City	State	Zip (+4)	
	Telephone Number	(513) 832 - 5449		
\GEI	Updated Registration	OR ADDRESS – Based on you Statement, state any changes in	ır initial Registrat n your name or a	ion Statement or la ddress.
.GEI	Updated Registration (If none, check here	Statement, state any changes in	n your name or a	ion Statement or la
(GEI	Updated Registration (If none, check here	Statement, state any changes inX) Agent	n your name or a	ddress.
(GE	Updated Registration (If none, check here Name of Legislative	Statement, state any changes inX)	n your name or a	ddress.
(GE	Updated Registration (If none, check here Name of Legislative	Statement, state any changes inX) Agent	n your name or a	ddress.
AGE I	Updated Registration (If none, check here Name of Legislative Address	Statement, state any changes in	Suite Nui	mber
	Updated Registration (If none, check here Name of Legislative Address City Telephone Number	Statement, state any changes inX) Agent Street	Suite Nui	mber

Date of Termination

Employer Name

Blue Ocean Development	
Cincinnati Arts Association	
Cincinnati Ballet	
Cincinnati Barge & Rail Terminal	
(The Sawyer Place Company)	
Cincinnati USA Regional Chamber	
Circle Development, LLC	
CincyTech	
Dragonfly Foundation	
Earth Management Trucking	
KEAN Development	
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

	ENT – Is this an Amended Statement (i.e., any change in an amount or a filing esolution decision of the OCCI.
☐ YES	⊠ NO
If yes, you are requ	uired to complete only the portion(s) you have amended.
TERMINATIONS - Are	e you still engaged by all of the employers listed on page 1 of this form?
⊠ YES	□ NO
If no, please list the termination.	e name of the Employers by whom you are no longer engaged and the date of (Attach additional sheets if necessary).
Employer Name	Date of Termination
	RESOLUTIONS – List the specific ordinance(s) and resolution(s) on which you ring this reporting period.

Employer	Ordinance/Resolution #	Description
KEAN Development	0026-2021	Major Amendment
Trinitas Ventures	0168-2021	Development Agreement
	0169-2021	TIF Ordinance
UC Health	0166-2021	American Rescue Plan Dollars
Oakley Yards Development	0189-2021	CRA
	0190-2021	Development Agreement
	0191-2021	CRA
	0192-2021	CRA
CincyTech	0243-2021	City Budget - Operating

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	
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MOTIONS: American Rescue Plan Act
202101577
202101684
202101692
202101908
202101892
202101894
202101711
202101712
202101713

MOTIONS: City Budget
202102228

C. DEFINITIONS

202102249

"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

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:

Э.	Name of the public officer, employee, or staff member:	
0.	Brief description of the purpose and nature of the transaction:	
C .	Date the transaction was made or entered into:	
d.	Other pertinent details:	
	uetaiis.	

(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 described in this Paragraph F, then the Legislative Agent shall <u>deliver a copy of such paragraph</u> which contains such information to the public office(s) of employee(s) identified therein, <u>at least ten (10) days</u> <u>before this form is filed</u> with the Clerk of Council.

If the foregoing provision is applicable, indicate the date that such information was delivered:

<u>CERTIFICATION</u>: THE UNDERSIGNED HEREBY CERTIFIES 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	Coller M. Reynolds	7/28/21
Type or Print Name of Legislative Agent	Signature of Legislative Agent	Date