SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

hours per response:

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Rep Scott Kimberly The	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 03/01/2022									
(Last) (First) 425 WINTER ROAD	(Middle)	00/01/2022					10% Owner		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) 		
(Street) DELAWARE OH	43015				Officer (give title below)	Other below)	(specify	X	Form filed Person	by One Reporting	
(City) (State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Stock					0	D					
Class B Common Stock					0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Secur	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		curity Convers		cise Form:	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
I I-		Date Exercisable	Expiration Date	Title		Amount or Security Number of Shares		ive	or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

Kimberly T. Scott by GaryR. Martz pursuant to aPOA filed with theCommission.

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.