000001003

Clerk of Council

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

\$25.00 FILING FEE

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.

Titl	le/Position President &	CEO		
Business Address 700 Walnut St,			Suite 450	
Street				Suite Number
	ncinnati		OH	45202
lity		Ste	ate	Zip(+4)
Te	lephone Number (513)	651-4100	
	,			
Эа	te of Engagement as Leg	islative Aç	gent July 1, 2023	
EMPLOYER INFORMATION				
Full name of company or organization The Crossroads Center				
Type of Industry Mental Health and addiction treatment services				
Business Address 311 Martin Luther King Dr E				
Dи	Siless Address	Street		Sulte Number
C	incinnati		OH	45220
lty		State		Zip(+4)

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

A calacultura	Contract 1	5 15 1
Agriculture	Environment	Real Estate/Housing
Alcohol/Tobacco	Financial Institutions/Consumer Finance	Retail and Commercial
Arts/Entertainment	XMedical/Hospitals/Health Care	Service Business
Communications/Media	insurance	X 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
Charles H Gerhardt III Type or Print Name of Legislative Agent	L AND SIGNED PERSONALLY BY THE NAME AND SIGNED PERSONAL SI	MED INDIVIDUAL.
Signature of Legislative Agent Roberto R. Son	June 29, 2023	
Type or Print Name of Persons Signing for Employer BY: Signetifie for Employer		
(/ 60	6/29/2	023