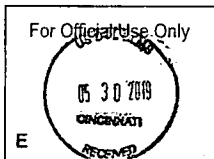


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

705541

1. File Number: C- 00495

### Person Filing

2. Name and mailing address (include ZIP Code):

Name John H Hawkins  
Title President and CEO  
Organization Management Performance International  
P.O. Box, Bldg., Room No., if any  
Street 6836 Ashfield Drive  
City Cincinnati  
State Ohio ZIP Code + 4 45242-4108

3. Any other address where records necessary to verify this report are kept:

Name  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

4. Date fiscal year ends:

Sep / 17

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify)

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Katie Kato  
Organization Promise Healthcare/Success Healthcare  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 999 Yamato Road, 3rd Floor  
City Boca Raton  
State Florida ZIP Code + 4 33431

7. Date entered into:

12 / 26 / 2016

8. Name of person(s) through whom made:

Name Katie Kato  
Name  
Name  
Name  
Name

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

John H. Hawkins

President  
(If other title, see  
instructions)

Title

President

On

01/30/2017

Date

(513) 721-6611

Telephone Number

14. Signed

John H. Hawkins

Treasurer  
(If other title, see  
instructions)

Title

Treasurer

On

01/30/2017

Date

(513) 721-6611

Telephone Number

Filer: John Hawkins

File Number C- 00495

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

No written agreement.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

The key activity was to provide consulting support and persuade the Maintenance employees at St. Alexius Hospital to vote "No" in a representation election.

11.b. Period during which performed:

12/26/2016 - 1/13/2017

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Hawkins

Organization Management Performance International

P.O. Box, Bldg., Room No., if any

Street 6836 Ashfield Drive

City Cincinnati

State Ohio ZIP Code + 4 45242-4108

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: