

# AGREEMENT AND ACTIVITIES REPORT

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.

1. File Number: C-00680

## Person Filing

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

Name Ronald L. Mason

Title President

Organization Midwest Management Consultants, Inc.

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

Street 425 Metro Place N., Suite 620

City Dublin

State Ohio

ZIP Code + 4 43017

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

Name Ronald L. Mason

Title President

Organization Midwest Management Consultants, Inc.

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

Street 425 Metro Place N., Suite 620

City Dublin

State Ohio

ZIP Code + 4 43017

### 4. Date fiscal year ends:

12 / 31

### 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 Just In Time Staffing

Organization

Trade Name, if any Eskridge & Associates

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

Street 1609 Wildwood Drive

City Round Rock

State TX

ZIP Code + 4 78681

### 7. Date entered into:

10 / 23 / 14

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

Name Bob Eskridge, President

Name Belinda Neely, Operations Manager

Name

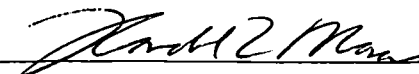
Name

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.)

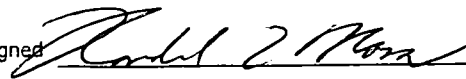
13. Signed



President  
(If other title, see  
instructions)

Title President

14. Signed



Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

10-29-14

Date

614-734-9450

Telephone Number

On

10-29-14

Date

614-734-9450

Telephone Number

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.):

Verbal agreement to represent Just In Time on their contract with the US Army at Ft Hood (TX) in campaign to remain union-free. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

All consultations billed at \$175.00 per hour, including travel and expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Giving speeches, preparing written materials for distribution, and conducting meetings with employees and management to address questions and rights afforded under the NLRA.

11.b. Period during which performed:

10/23/14 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Bob Eskridge, President

Organization Just In Time Staffing

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

Street 1609 Wildwood Drive

City Round Rock

State TX ZIP Code + 4 78681

Additional Name and address through whom performed, if any:

Name Belinda Neely, Operations Manager

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

- a. Medical Records Clerks, Medical Support Asst, Appointment Clerks, Master Schedulers, MEB Records Clerks, and all full time and part time employees at Ft Hood facility, in TX.

12.b. Identify subject labor organizations:

- b. Operating Engineers Local 351