

# FORM LM-20

## 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.

708147

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 P. O. Box 398  
Street \_\_\_\_\_  
City Dublin  
State Ohio ☒ ZIP Code + 4 43017-0398

#### 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 P. O. Box 398  
Street \_\_\_\_\_  
City Dublin  
State Ohio ☒ ZIP Code + 4 43017-0398

#### 4. Date fiscal year ends:

Dec ☒ / 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 Clinton A. Albrecht, Owner  
Organization KMA Trucking & Excavating, LLC  
Trade Name, if any KMA  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 17125 214th Street  
City Davenport  
State IA ZIP Code + 4 52806

#### 7. Date entered into:

07 / 31 / 2019

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

Name Clinton A. Albrecht, Owner  
Name John Smith, Owner  
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 Ronald L. Mason President  
Title President  
(If other title, see instructions)

14. Signed Ronald L. Mason Treasurer  
Title Treasurer  
(If other title, see instructions)

On 08-08-19 614-734-9455  
Date Telephone Number

On 08-08-19 614-734-9455  
Date 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 KMA in campaign to remain union-free at their facility in Davenport, IA. 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 \$225/hourly, including travel time 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 management and employees for purpose of addressing any questions and rights afforded under the NLRA.

11.b. Period during which performed:

07/31/19 to 08/13/19

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Clinton A. Albrecht, Owner

Organization KMA Trucking & Excavating, LLC

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

Street 17125 214th Street

City Davenport

State IA ZIP Code + 4 52806

Additional Name and address through whom performed, if any:

Name John Smith, Owner

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time and regular part-time heavy equipment operators and drivers who haul heavy equipment by lowboy or dump truck employed at Davenport facility.

12.b. Identify subject labor organizations:

Operating Engineers Local 150