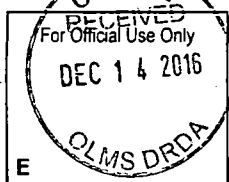


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

629996

1. File Number C- <u>495</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>3/10/2016</u>		<u>3/23/2016</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>JOHN</u> <u>HAWKINS</u>	Name <u></u> <u></u>
Title <u>PRESIDENT</u>	Title <u></u>
Organization <u>MANAGEMENT PERFORMANCE INT'L</u>	Organization <u></u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>11500 NORTH LAKE DR, SUITE 105</u>	Street <u></u>
City <u>CINCINNATI</u>	City <u></u>
State <u>OH</u> ZIP Code + 4 <u>45249</u>	State <u></u> ZIP Code + 4 <u></u>
4. Any other address where records necessary to verify this report are kept:	
Name <u></u> <u></u>	
Title <u></u>	
Organization <u></u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u></u>	
City <u></u>	
State <u></u> ZIP Code + 4 <u></u>	

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 the Section on penalties in the instructions).

17. Signed <u>[Signature]</u>	President (if other title, see instructions)	18. Signed <u></u>	Treasurer (if other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>12/5/2016</u>	Telephone Number <u>513721 6611</u>	On <u></u>	Telephone Number <u></u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing:	File Number C-495
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer HAMMILL MEDICAL Trade Name Attention To JOHN HAMMILL, JR Title PRESIDENT	Mailing Address: P.O. Box, Building and Room Number, if any Street 380 TOMAHAWK DRIVE City MAUMEE State OHIO ZIP Code + 4 43537
5.b. Termination Date 3/23/16	5.c. Amount \$125,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name:	15.b. Trade Name, if any:	
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		