

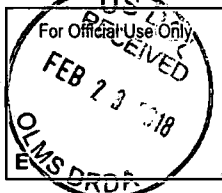
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

662764

1. File Number C- <u>00680</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2016</u> Through: <u>12</u> / <u>31</u> / <u>2016</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name <u>Ronald</u> <u>L</u> <u>Mason</u> Title <u>President/Owner</u> Organization <u>Midwest Management Consultants, Inc.</u>  P.O. Box, Building and Room Number, if any <u>P. O. Box 398</u> Street _____ City <u>Dublin</u> State <u>Ohio</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>43017-0398</u>	4. Any other address where records necessary to verify this report are kept:  Name _____ Title _____ Organization _____  P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____

### 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) Title <u>President</u>  On <u>02</u> / <u>15</u> / <u>2018</u> <u>614-734-9455</u> Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer (if other title, see instructions) Title <u>Treasurer</u>  On <u>02</u> / <u>15</u> / <u>2018</u> <u>614-734-9455</u> Date Telephone Number
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Name of Person Filing: Ronald Mason	File Number C- 00680
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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). Mailing Address:

Employer  P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To  City

Title  State  ZIP Code + 4

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5.b. Termination Date  5.c. Amount

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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 50,036

**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	
William P. Wheeler	65,660	2,594	68,254	9. Office and Administrative Expenses <span style="float: right;">9,000</span>
				10. Publicity <span style="float: right;"></span>
				11. Fees for Professional Services <span style="float: right;">5,100</span>
				12. Loans Made <span style="float: right;"></span>
				13. Other Disbursements <span style="float: right;"></span>
8. Total disbursements to officers and employees: <span style="float: right;">68,254</span>				14. Total Disbursements (Sum of Items 8-13) <span style="float: right;">82,354</span>

**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.

<p>15.a. Employer Name: <input type="text"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div></p>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</p>	

## Item B, 5a, 5b, 5c

Last Name	First Name	Title	Company	Address	City	St	Zip	Amount	Termination
Steinel	Todd	Owner	Diversified Ready Mix	1680 Southeast Avenue	Tallmadge	OH	44278	2,168.00	Continuing
Dreher	Mary Jane	President	MJ Dreher Trucking	50 Owens Road	Brockport	NY	14420	2,601.00	Continuing
Eggenburg	Bonnie	VP	Gateway Headstart	110 Cohansey Street	Bridgeton	NJ	8302	12,306.00	Continuing
UPP	Matt	President	Precision Pipeline LLC	10 Whiley Road	Lancaster	OH	43130	1,560.00	Continuing
West	Mark	General Manager	The Quikrete Companies	2893 Lake Rock Well Road	Ravenna	OH	44226	3,085.00	Continuing
Szymanski	Dennis	General Manager	Ratner Steel Supply-Portage	2500 W. County Rd. B	Roseville	MN	55113	14,656.00	Continuing
Behmer	J		Schwebel Baking Co.	8965 E. Midothian Blvd., P. O. Box 601	Youngstown	OH	44501	6,998.00	Continuing
McGrath	Paul	VP/General Counsel	Universal Stainless	600 Mayer Street	Bridgeville	PA	15017	3,469.00	Continuing
Ostrom	Dan	Owner	Walrath Heating & Air Conditioning	7935 W. 14th Avenue	Lakewood	CO	80214	3,193.00	Continuing
Total								50,036.00	