

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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 providing 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

527767

1. File Number C- 570	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
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A. Person Filing

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

Name Alan B. Howald
Title President
Organization JWH Aviation d/b/a JW Hickey & Assoc.
P.O. Box, Building and Room Number, if any Suite 403
Street 6100 Channingway Boulevard
City Columbus
State Ohio ZIP Code + 4 43232

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>Alan B. Howald</u> President (if other title, see instructions) Title President On 4/16/2013 Date 614-575-2800 Telephone Number	18. Signed <u>Alan B. Howald</u> Treasurer (if other title, see instructions) Title Treasurer On 4/16/2013 Date 614-575-2800 Telephone Number
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Name of Person Filing: Alan Howald	File Number C- 570
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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	See Attached Page 3	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
See Attached Page 3		26,594	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 26,594			

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			
Alan B. Howald	1,500	2,709	4,209	9. Office and Administrative Expenses	1,587	
LouAnne McCauley	3,272	0	3,272	10. Publicity	0	
Mary Roberts	624	0	624	11. Fees for Professional Services	0	
				12. Loans Made	0	
				13. Other Disbursements	0	
8. Total disbursements to officers and employees:				8,105	14. Total Disbursements (Sum of Items 8-13)	
					9,692	

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: Medallion Foods, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name: Mike Gladfelter Title: Organization: MJW Graphics Printing P.O. Box, Building and Room Number, if any: Street: 5646 Naiche Road City: Columbus State: Ohio ZIP Code + 4: 43213	15.d. Amount: 774 15.e. Purpose: To print posters to urge employees to vote no on a union representation election.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 774	

JWH Aviation d/b/a J.W. Hickey & Associates

Item B, 5 a., 5 b., 5 c.

Employer	First Name	Last Name	Title	Address	City	State	Zip	Termination	Amount
National Bronze & Metals, Inc.	Joao	Saraiva	General Manager	5311 West River Road North	Lorain	Ohio	44055	Completed	\$13,059.00
Medallion Foods, Inc.	Scott	Clark	In-house Labor Attorney	3636 Medallion Avenue	Newport	Arkansas	72112	Completed	\$13,535.00