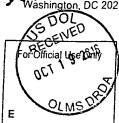
о.э. рерациенты сарог Office of Labor-Management Washington, DC 20210

C- 00680

FURM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number:

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.

Person Filing		
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:
Name Ronald L	Mason	Name Ronald L Mason
Title President	•	Title President
Organization Midwest Management Consultants, Inc.		Organization Midwest Management Consultants, Inc.
P.O. Box, Bldg., Room No., if any P. O. Box 398		P.O. Box, Bldg., Room No., if any P. O. Box 398
Street		Street
City Dublin		City Dublin
State Ohio	ZIP Code + 4 43017-0398	State Ohio ▼ ZIP Code + 4 43017-0398
Date fiscal year ends:	5. Type of person:	
Dec 🔽 / 31	a Individual b. Partnership	c. X Corporation d. Other (Specify):
Nature of Agreement or Arrangemen	t	
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:
_{Name} Dan Ostrom, Owner		09 / 30 / 2016
Organization Walrath Heating & AirConditionin		8. Name of person(s) through whom made:
Trade Name, if any		Name Dan Ostrom, Owner
P.O. Box, Bldg., Room No., if any		Name
Street 7935 W. 14th Ave.		Name
City Lakewood		Name
State CO	ZIP Code + 4 8 0 2 1 4	Name
Signatures		
Each of the undersigned declares, under the information contained in any accomp true, correct, and complete. (See Section 13. Signed	anvinu uocumenisi nas neen examinen	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
Title President	(If other title, see instructions)	Title Treasurer (If other title, see instructions)
On 10 10 16 612	1-734-9455 Telephone Number	On 10 10 16 6 14-734-9455 Date Telephone Number 17

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- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. X 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 Walrath in an election campaign against the Sheet Metal Workers Union. 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 to answer questions and afforded rights under the NLRA accordingly.

11.b. Period during which performed: 09/30/16 to present	11.c. Extent performed: continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Dan Ostrom, Owner	Name
Organization Walrath Heating & Air Conditio	n i h grganization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7935 W. 14th Avenue	Street
_{City} Lakewood	City
State C0 ZIP Code + 4 8 0 2 1 4	State ZIP Code + 4
2.a. Identify subject groups of employees: All installers & technicians	12.b. Identify subject labor organizations: Sheet Metal Workers Union