

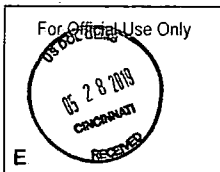
FORM LM-21

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

705539

1. File Number C- 00495	2. Period Covered By This Report From: 07 / 21 / 2017 Through: 08 / 16 / 2017	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: John Hawkins	4. Any other address where records necessary to verify this report are kept:
Title: President and CEO	Name:
Organization: Management Performance International	Title:
P.O. Box, Building and Room Number, if any:	Organization:
Street: 6836 Ashfield Drive	P.O. Box, Building and Room Number, if any:
City: Cincinnati	Street:
State: Ohio ZIP Code + 4: 45242-4108	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: John Hawkins Title: President On: 05 / 23 / 2019 Date: 05 / 23 / 2019 Telephone Number: (513) 721-6611	18. Signed: John Hawkins Title: Treasurer On: 05 / 23 / 2019 Date: 05 / 23 / 2019 Telephone Number: (513) 721-6611
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Name of Person Filing: <u>John Hawkins</u>	File Number C- <u>00495</u>
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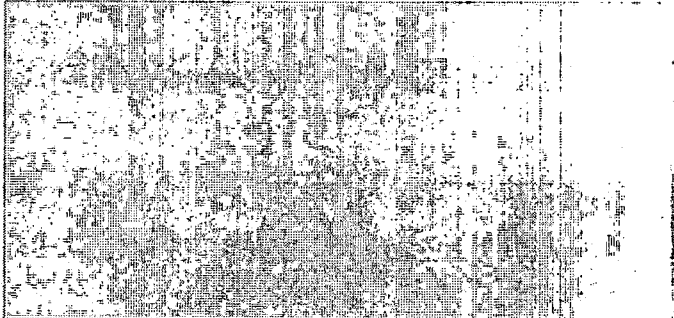
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	<u>Blue Racer Midstream, LLC</u>	P.O. Box, Building and Room Number, if any	<u></u>
Trade Name	<u></u>	Street	<u>5949 Sherry Lane, Suite 1300</u>
Attention To	<u>Rebecca Smotherman</u>	City	<u>Dallas</u>
Title	<u></u>	State	<u>Texas</u> ZIP Code + 4 <u>75225-8036</u>
5.b. Termination Date <u>08/17/2017</u>		5.c. Amount <u>109,252</u>	
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
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
8. Total disbursements to officers and employees:			
9. Office and Administrative Expenses <u></u>			
10. Publicity <u></u>			
11. Fees for Professional Services <u></u>			
12. Loans Made <u></u>			
13. Other Disbursements <u></u>			
14. Total Disbursements (Sum of Items 8-13) <u></u>			

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: <u></u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u></u>
Name <u></u>	15.e. Purpose 
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>Washington</u> ZIP Code + 4 <u></u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	