U.S. Department of Labor Office of Lahr, Management St. ards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



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.

49 19(0)	
1. File Number: c- 680	
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, Bldg., Room No., if any
Street 425 Metro Place N., Suite 620	Street 425 Metro Place N., Suite 620
City Dublin	City Dublin
State Ohio ZIP Code + 4 43017	State Ohio ZIP Code + 4 43017
4. Date fiscal year ends: 5. Type of person:	
12 / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Ron Marburger, COO	05 / 11 / 12
Organization Robinson Fans	8. Name of person(s) through whom made:
Trade Name, if any	Name Ron Marburger
P.O. Box, Bldg., Room No., if any P.O. Box 100	Name
Street 400 Robinson Drive	Name
City Zelienople	Name
State PA ZIP Code + 4 16063	Name
Signat	
Each of the undersigned declares, under penalty of perjury and other applicable penalty information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law that all of the information submitted in this report (including
13. Signed / President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)
Title President Instructions)	Title Treasurer
On <u>5/23//2</u> <u>6/4-734-9</u> 450 Telephone Number	On 5/23/12 6/4-734-9450 Date Telephone Number
	- Date releptione Number
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9. jana	the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
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a.	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 Robinson Fans in campaign to prevent union organization. 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 \$175.00 per hour including travel 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 employees and management for purposes of remaining union free, and assuring all employees have their questions addressed.

11.b. Period during which performed:	11.c. Extent performed:
May 14, 2012 to present	continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Ron Marburger, COO	Name Carl E. Staible, President & CEO
Organization Robinson Fans	Organization Robinson Fans
P.O. Box, Bldg., Room No., if any P.O. Box 100	P.O. Box, Bldg., Room No., if any P.O. Box 100
Street 400 Robinson Drive	Street 400 Robinson Drive
City Zelienople	City Zelienople
State PA ZIP Code + 4 16061	State PA ZIP Code + 4 16063
2.a. Identify subject groups of employees: a. All regular part time & full time Broduction & Maintenance employees at the Zelienople facility	12.b. Identify subject labor organizations: b. IAM, DL 98