

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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)

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For Office Use Only

RECEIVED  
JAN 18 2017

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00680

### Person Filing

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

Name Ronald L Mason

Title President

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 398

Street

City Dublin

State Ohio

☒ ZIP Code + 4 43017-0398

3. Any other address where records necessary to verify this report are kept:

Name Ronald L Mason

Title President

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 398

Street

City Dublin

State Ohio

☒ ZIP Code + 4 43017-0398

4. Date fiscal year ends:

Dec ☒ / 31

5. Type of person:

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):

Name Kevin Gregory, Project Manager

Organization Tlingit Haida Tribal Business Corp

Trade Name, if any KIRA, LLC

P.O. Box, Bldg., Room No., if any Suite 240

Street 2595 Canyon Blvd

City Boulder

State CO

ZIP Code + 4 80302

7. Date entered into:

11 / 15 / 16

8. Name of person(s) through whom made:

Name Kevin Gregory, Project Manager

Name

Name

Name

Name

### 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 Section VII on penalties in the instructions.)

13. Signed

*Ronald L Mason*

President  
(If other title, see  
instructions)

Title President

14. Signed

*Ronald L Mason*

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

01/10/17  
Date

614-734-9455  
Telephone Number

On

01/10/17  
Date

614-734-9455  
Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- 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 KIRA at it's facility in Champlian, NY, in an election campaign. Agreeemnt 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 explain rights solely afforded under the NLRA accordingly.

11.b. Period during which performed:

11/15/16 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Kevin Gregory, Project Manager

Organization KIRA, LLC

P.O. Box, Bldg., Room No., if any

Street 194 West Service Road

City Champlian

State NY

ZIP Code + 4 12919

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time and regular part-time electricians, plumbers, stationary engineers, and secretaries at the Champlain, New York location.

12.b. Identify subject labor organizations:

Teamsters Local 687