

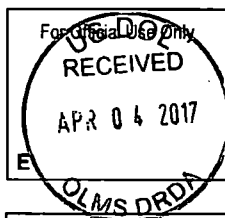
U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# 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

648011

1. File Number C- 495	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		02 / 01 / 2016		02 / 28 / 2016

A. Person Filing	
<p>3. Name and mailing address (include ZIP Code):</p> <p>Name John Hawkins</p> <p>Title President</p> <p>Organization Management Performance International</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 11500 Northlake Drive, Suite 105</p> <p>City Cincinnati</p> <p>State Ohio ZIP Code + 4 45249-1655</p>	<p>4. Any other address where records necessary to verify this report are kept:</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>

### 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).

<p>17. Signed <u>John H. Hawkins</u> President (if other title, see instructions)</p> <p>Title President</p> <p>On 03 / 21 / 2017 (513) 721-6611 Date Telephone Number</p>	<p>18. Signed <u>John H. Hawkins</u> Treasurer (If other title, see instructions)</p> <p>Title Treasurer</p> <p>On 4 / 25 / 2017 (513) 721-6611 Date Telephone Number</p>
--	---

Name of Person Filing: John Hawkins	File Number C- 495
-------------------------------------	--------------------

<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer: Universal Stainless Trade Name: Attention To: Paul McGrath Title: EVP Human Resources	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any:  Street: 600 Mayer Street City: Bridgeville State: Pennsylvania ZIP Code + 4 15017-2790
<b>5.b. Termination Date</b> 2/28/16 <b>5.c. Amount</b> 66,600	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 66,600	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>  <b>15.c. To Whom Paid</b> Name: Title: Organization:  P.O. Box, Building and Room Number, if any:  Street: City: State: Washington ZIP Code + 4	<b>15.b. Trade Name, If any:</b>  <b>15.d. Amount</b>  <b>15.e. Purpose</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		