U.S. Department of Labor
Office of Labor-Management
Standards
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.

1. File Number: C- 00680					
Person Filing					
Name and mailing address (include a	ZIP Code):	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 wi	7. Date entered into:				
Name Greg Davis, President/COO		05 / 07 / 13			
Organization Claypool Electric		8. Name of person(s) through whom made:			
Trade Name, if any		Name Chris Davis, Chairman			
P.O. Box, Bidg., Room No., if any		Name Greg Davis, President/COO			
Street 1275 Lancaster-Kirkersville Rd		Name Matt Claypool, VP/Operations			
City Lancaster		Name			
State Ohio	ZIP Code + 4 43130	Name ·			
Signatures					
each of the undersigned declares, under the information contained in any accompanie, correct, and complete. (See Section	penalty of perjury and other applicable parving documents) has been examined by	enalties 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.			
3. Signed World 2 // C	President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)			
Title Tresident		Title Treasurer			
On <u>5-29-13</u> (614 Date T	1-734-9455 elephone Number	On <u>5-29-13</u> <u>614-734-945</u> 5 Date Telephone Number			
	· ·				

Monard Sabbit Mildred Manageme	ine comparemies,	1114.	
Ron Mason Midwest Management	Colsultants,	Inc.	C-00680
Check the appropriate box to indicate whether an obje	ect of the activities unde	ertaken, is directiy or in	directly:
a. X To persuade employees to exercise or not to e collectively through representatives of their over		mployees as to the ma	nner of exercising, the right to organize and bargain
b. To supply an employer with information concessuch employer, except information for use sol	ming the activities of en ely in conjunction with a	nployees or a labor org an administrative or arb	panization in connection with a labor dispute involving bitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instruction	ons. Written agreements	must be attached.):	······································
Verbal agreement to represen Agreement has never been red terminated by either party a	it Claypool El luced to writi	ectric in cam	• •
All consultations billed at	\$175.00 per h	our including	g 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 for purposes of remaining union-free, and addressing questions concerning rights afforded under the NLRA.

11.b. Period during which performed:	11.c. Extent performed: continuing Additional Name and address through whom performed, if any: Name Chris Claypool, Chairman Matt Claypool, VP/Operations Organization Claypool Electric P.O. Box, Bldg., Room No., if any		
May 7, 2013 to present			
11.d. Name and address through whom performed:			
Name Greg Davis, President/COO			
Organization Claypool Electric			
P.O. Box, Bldg., Room No., if any			
Street 1275 Lancaster-Kirkersville Rd.	Street 1275 Lancaster-Kirkersville Rd.		
City Lancaster	City Lancaster		
State Ohio ZIP Code + 4 43130	State Ohio ZIP Code + 4 43130		
12.a. Identify subject groups of employees: All electrical employees including: Helpers, Apprentices, Construction Wiremen, Construction Electricians, and Journeymen	12.b. Identify subject labor organizations:		