

# 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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

705538

1. File Number C- 00495	2. Period Covered By This Report From: 09 / 15 / 2017 Through: 12 / 31 / 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  
Title President and CEO  
Organization Management Performance International  
P.O. Box, Building and Room Number, if any  
Street 6836 Ashfield Drive  
City Cincinnati  
State Ohio ZIP Code + 4 45242-4108

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

Name  
Title  
Organization  
P.O. Box, Building and Room Number, if any  
Street  
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 (513) 721-6611 Date Telephone Number	18. Signed John Hawkins Title Treasurer On 05 / 23 / 2019 (513) 721-6611 Date Telephone Number
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Name of Person Filing: **John Hawkins**File Number C- **00495****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:

P.O. Box, Building and Room Number, if any

Employer **Biery Cheese Company**

Trade Name

Street

**6544 Paris Ave NE**

Attention To

**Barbara****Scheetz**

City

**Louisville**

Title

State

**Ohio**ZIP Code + 4 **44647**

5.b. Termination Date

**12/31/2017**

5.c. Amount

**59,412**

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

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

**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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

**Washington**

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY