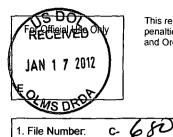
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



1. File Number.

Person Filing

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.

Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name Ronald L N	Mason	Name Ronald L Mason	1	
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 Onio	ZIP Code + 4 43017	
Date fiscal year ends: 5. Type of person:				
Dec. / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement	t			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:		
Name Mrs. Leah Balliard		09 /	26 / 11	
Organization Elizabeth Giant Eagle		8. Name of person(s) through whom made:		
Trade Name, if any Giant Eagle		Name Leah Balliard		
P.O. Box, Bldg., Room No., if any		Name		
Street 800 McKeesport Road		Name		
City Elizabeth		Name		
State PA	ZIP Code + 4 15037	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 President (If other title, see instructions) Treasurer (If other title, see instructions) Title Treasurer Title Treasurer Title				
on/2/28// 6	14-734-9450	on /2/18/1 6/4	1-734-9450	

Telephone Number

Telephone Number

Filer Ronald Mason Midwest Management Consultants,	Inc. File Number C-	
•/		
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:	
collectively through representatives of their own choosing.	inployees as to the manner of exercising, the right to organize and bargain inployees or a labor organization in connection with a labor dispute involving	
	n 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 Elizabeth Gia Agreement has never been reduced to writing terminated by either party at any time.	nt Eagle to prevent union organization. , is for no specific time, and may be	
All consultations billed at \$125.00 per hou	r, including travel and expenses accordingly.	
Specific Activities to be Performed		
 For each activity, separately list in detail the information required (See instruct Nature of activity: 	ions):	
·	a few distribution and conducting mostings	
with team members and management for purpos	s for distribution, and conducting meetings es of remaining union free.	
11.b. Period during which performed: 09/26/11 to present	11.c. Extent performed: Continuing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Mrs. Leah Balliard, Owner	Name	
Organization Elizabeth Giant Eagle	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 800 McKeesport Road	Street	
City Elizabeth	City	
State PA ZIP Code + 4 15037	State ZIP Code + 4	
	211 0000 1	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
a. All store team members	b. UFCW Local 23	