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. 1245-0003 Expires 10-31-2013



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. C- 00680 Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Ronald L. Mason 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 ZIP Code + 4 43017-5357 ZIP Code + 4 43017-5357 State Ohio' State Ohio 4. Date fiscal year ends: 5. Type of person: c. Corporation d. Other (Specify): Dec Partnership Individual b ··. Nature of Agreement or Arrangement 7. Date entered into: 6: Full name and address of employer with whom made (include ZIP Code): Fenbers, GM/CEO Name Larry J. 8. Name of person(s) through whom made: Organization Carroll Electric Cooperative, Inc. Name Larry J Fenbers, GM/CEO Trade Name, if any Name P.O. Box, Bldg., Room No., if any P. O. Box 67 Name Street 350 Canton Road, N.W. City Carrollton Name ZIP Code + 4 44615 State Ohio Name

			Sigr	natures	· Sing mas in high time		
the informa	ation contained in any	s, under penalty of perjur accompanying document Section VII on penalties	ts) has been examine	le penalties of led by the signal	aw, that all of the inforr tory and is, to the best	mation submitted in this roof the undersigned's kno	eport (including wledge and belief,
13. Signed	And President	16/1/h-	President (If other title, see instructions)	14. Signed	Treasurer	l/Mr ■	Treasurer (If other title, see instructions)
,	. L'*		•		· · · · · · · · · · · · · · · · · · ·	• • •	
On	04/03/2013	614-734-9455	*	, On	04/03/2013	614-734-9455	<u> </u>
	Date	Telephone Number	er :		. Date	Telephone Numbe	r .

	-	
Cilano.	Ronald	A
ruer.	RODA IO	Mason
	2.01.01	

Midwest Management Consultants, Inc.

File Number C- .00680

			•		
9. Check the appropriate box to indicate whether an object of the activities un	dertaken, is dir	ectly or indi	rectly:		•
				• .	
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	e employees as	to the man	ner of exercising	g, the right to organiz	e and bargain
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction with	employees or th an administra	a labor orga ative or arbit	nization in conr ral proceeding	nection with a labor d or a criminal or civil j	ispute involving udjcial proceeding.

10. Terms and conditions (Explain in detail; see instru	ctions. Written agreements must be attached.)
---	---

Verbal agreement to represent Carroll Electric Cooperative in campaign to avoid union. Agreement 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 \$175.00 per hour including travel 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 employees and management for purposes of remaining union-free, and addressing questions and rights afforded under the NLRA.

1.b. Period during which performed:	11.c. Extent performed:
March 12, 2013 to present	continuing
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
ame Larry J Fenbers, GM/CEO	Name
Organization Carroll Electric Cooperative, Inc.	Organization
P.O. Box, Bldg., Room Ño., if any. 🚉 👵 . Box 67	P.O. Box, Bldg., Room No., if any
Street 350 Canton Road, N.W.	Street
ity Carrollton	City
tate Ohio ZIP Code + 4 44615	State ZIP Code + 4
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full time and regular part time production employees, including Linemen, Groundmen, Equipment Operators, Meter Technicians, Mechanics, and Storekeepers.	b. International Brotherhood of Electrical Workers Local Union 246
·	