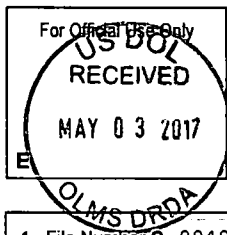


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 07-31-2019

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

648145

1. File Number C- 00495	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 10 / 25 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 11 / 15 / 2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name John H Hawkins	Name
Title President	Title
Organization Management Performance International	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 6836 Ashfield Drive	Street
City Cincinnati	City
State Ohio ZIP Code + 4 45242	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 <u>John H. Hawkins</u> President (if other title, see instructions) Title President	18. Signed <u>John H. Hawkins</u> Treasurer (If other title, see instructions) Title Treasurer
On <u>04 / 26 / 2017</u> (513) 721-6611 Date Telephone Number	On <u>04 / 26 / 2017</u> (513) 721-6611 Date Telephone Number

Name of Person Filing: John Hawkins	File Number C- 00495
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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). Employer Columbia Sussex Management Trade Name Attention To Joseph Yung Title Senior Vice President of Developmen	Mailing Address: P.O. Box, Building and Room Number, if any Street 740 Centreview Blvd City Crestview Hills State Kentucky ZIP Code + 4 41017
5.b. Termination Date 11/15/2016 5.c. Amount 104,349	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 104,349	

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.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		