

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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)

625839

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00680

Person Filing

2. Name and mailing address (include ZIP Code):

Name Ronald L Mason

Title President

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 398

Street

City Dublin

State Ohio

☒ ZIP Code + 4 43017-0398

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

Name Ronald L Mason

Title President

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 398

Street

City Dublin

State Ohio

☒ ZIP Code + 4 43017-0398

4. Date fiscal year ends:

Dec ☒ / 31

5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Mark West, General Mgr.

Organization Quikrete Companies

Trade Name, if any Quikrete

P.O. Box, Bldg., Room No., if any

Street 2693 Lake Rockwell Road

City Ravenna

State Ohio

ZIP Code + 4 44266

7. Date entered into:

08 / 15 / 2016

8. Name of person(s) through whom made:

Name Mark West

Name

Name

Name

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

Ronald L Mason

President
(If other title, see
instructions)

14. Signed

Ronald L Mason

Treasurer
(If other title, see
instructions)

Title President

Title Treasurer

On

8/29/16

Date

614-734-9455

Telephone Number

On

8/29/16

Date

614-734-9455

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an 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 The Quikrete Companies at their facility in Ravenna, Ohio in a union campaign. Agreement has never been reduced to writing, is for no specific time, and may be cancelled by either party.

All consultations billed at \$225/hourly, including 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 purpose of addressing their questions and rights afforded under the NLRA.

11.b. Period during which performed:

08.15/16 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mark West, General Mgr.

Organization Quikrete

P.O. Box, Bldg., Room No., if any

Street 2693 Lake Rockwell Road

City Ravenna

State Ohio ZIP Code + 4 44266

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All full & part-time Production & Maintenance & Drivers

12.b. Identify subject labor organizations:

Teamsters Local #24