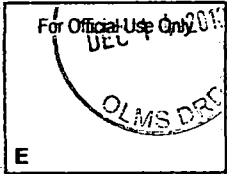


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

629997

1. File Number C-495	2. Period Covered By This Report From: 11/1/2016 Through: 4/15/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: John Hawkins Title: President Organization: Management Performance Int'l P.O. Box, Building and Room Number, if any: Street: 11500 Northlake Dr, Suite 105 City: Cincinnati State: OH ZIP Code + 4: 45249	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: [Signature] Title: President On: 12/6/2016 Date: 12/6/2016 Telephone Number: 5137216611	18. Signed: _____ Title: Treasurer On: 1/1/ Date: 1/1/ Telephone Number: _____
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Name of Person Filing:	File Number C- 495
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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):		Mailing Address:	
Employer: COLUMBIA SUSSEX		P.O. Box, Building and Room Number, if any:	
Trade Name: J.W. MARIOTT, LEMAROT	Street: 1740 Ocean Dr		
Attention To: Joe Yung	City: SANTA MONICA		
Title: Pres. Dent	State: CA	ZIP Code + 4:	90401
5.b. Termination Date: 4/15/14		5.c. Amount: 876,575	
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:		15.e. Purpose:	
Title:			
Organization:			
P.O. Box, Building and Room Number, if any:			
Street:			
City:			
State: Washington	ZIP Code + 4:		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			