of Labor Stándards Washington, DC 20210

c-00680

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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

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



1. File Number:

Person Filing

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal presecution, 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.

2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kep
Name Ronald L	Mason	Name Ronald L Mason
Tille President		Title President
Organization Midwest Management Consultants, Inc.		Organization Midwest Management Consultants, inc.
P.O. Box, Bldg., Room No., if any		P.O. Box, Bidg., 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 Ohio ZIP Code + 4 43017
4. Date fiscal year ends:	5. Type of person:	
12 / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):
The second secon		
Nature of Agreement or Arrangem	ent	g = 0
6. Full name and address of employer	with whom made (include ZIP Code):	7. Date entered into: 09 / 15 / 14
_{Name} Benjamin Steel C	ompany - Mansfield	
	ompany - mansi teru	8. Name of person(s) through whom made:
Organization		Note Demonstrated
rade Name, if any Benjamin	Steel	Name Nick Demana, President
P.O. Box, Bldg., Room No., if any		Name Amanda Kincaid, VP/HR
Street 777 Benjamin Dri	ve	Name
City Springfield		Name
State OH	ZIP Code + 4 45502	Name:
	Signa	tures
e information contained in any acco	der penalty of perjury and other applicable mpanying documents) has been examined tion VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and beli
117	$^{\circ}$ $^{\prime}$	V 11.30
3. Signed Land C	President (If other title, see	14. Signed Treasurer (If other tille,
Title President	instructions)	Title Treasurer instructions)
**************************************		1100
	and the second of the second	
On 10-29-14	614-734-9450	On 10-29-14 614-734-9450
Date	Telephone Number	Date Telephone Number
	i Marini de de la companya del companya del companya de la company	Section 1997
1 LM-20 (2003)		Page

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Oheck the appropriate box to indicate whether an object of the activities under	
Check the appropriate box to indicate whether an object of the activities under the acti	Haren, is directly of them only
a. X To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	mployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements	s must be attached.):
Verbal agreement to represent Benjamin Ste in campaign to remain union-free. Agreemen is for no specific time, and may be termin	el at their facility in Mansfield (OH) t has never been reduced to writing,
All consultations billed at \$175.00 per ho	ur, including travel and expenses.
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction). a. Nature of activity:	11011S).
under the NLRA.	of addressing questions and rights afforded
11.b. Period during which performed: 09/15/14 to present	11.c. Extent performed: continuing
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Amanda Kincaid, VP/HR	Name Nick Demana, President
	Organization
Organization Banjamin Steel Company P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 777 Benjamin Drive	Street
City Springfield	City
State OH ZIP Code + 4 45502	State ZIP Code + 4
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
a. Production & Maintenance Employees at facility in Mansfield (OH).	b. United Steelworkers Union
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