

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

Amended

631121

For Official Use Only
DEC 14 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)

JAN 13 2017

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

493

Person Filing

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

Name JOHN HAWKINS
Title PRESIDENT
Organization MANAGEMENT PERFORMANCE INT'L
P.O. Box, Bldg., Room No., if any _____
Street 11500 NORTH LAKE OIL SUITE 105
City CINCINNATI
State OH ZIP Code + 4 45249

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

Name N/A
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

SEPT / 16

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 JOHN HAMMILL, JR
Organization HAMILL MEDICAL
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7. Date entered into:

3 / 10 / 2016

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

Name JOHN HAMMILL, JR
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

John Hawkins

President
(If other title, see
instructions)

Title President

14. Signed

John Hammill, Jr

Treasurer
(If other title, see
instructions)

Title Treasurer

On

DEC 5, 2016

Date

513 721 6611

Telephone Number

On

DEC 22 2016

Date

513 721 6611

Telephone Number

File:

File Number C- 495

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.):

NO WRITTEN LETTERS OF ENGAGEMENT EXISTS

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

THE KEY ACTIVITY WAS TO PROVIDE CONSULTING SUPPORT AND PERSUASION THE HOURLY EMPLOYEES OF HAMMILL MEDICAL TO VOTE "NO" ON A REPRESENTATION ELECTION.

11.b. Period during which performed:

MARCH 2016

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name

Organization MANAGEMENT PERFORMANCE INT'L

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

Street 11500 NORTHLAKE DR, SUITE 105

City CINCINNATI

State OH ZIP Code + 4 45249

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 TIME HOURLY AND REGULAR PART TIME EMPLOYEES FOR HAMMILL MEDICAL

12.b. Identify subject labor organizations:

INTERNATIONAL ASSOC. of
MACHINISTS AND AIRSPACE WORKERS
(IAM) - EASTERN TERRITORY