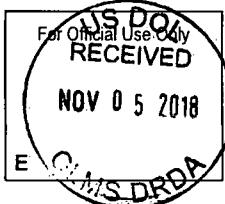


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

685013

| | | | |
|------------------------|--|-----------------------------|-----------------------------|
| 1. File Number C-00495 | 2. Period Covered By This Report From: 07/01/2018 Through: 07/31/2018 | Month/Day/Year (mm/dd/yyyy) | Month/Day/Year (mm/dd/yyyy) |
|------------------------|--|-----------------------------|-----------------------------|

| A. Person Filing | |
|---|---|
| 3. Name and mailing address (include ZIP Code): Name: John Hawkins Title: President and CEO Organization: Management Performance International P.O. Box, Building and Room Number, if any: Street: 6836 Ashfield Drive City: Cincinnati State: Ohio ZIP Code + 4: 45242-4108 | 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: 10/23/2018 (513) 721-6611 Date Telephone Number | 18. Signed: [Signature] Title: Treasurer On: 10/23/2018 (513) 721-6611 Date Telephone Number |
|---|---|

| | |
|-------------------------------------|----------------------|
| Name of Person Filing: John Hawkins | File Number C- 00495 |
|-------------------------------------|----------------------|

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 <u>Columbia Sussex Management</u> | P.O. Box, Building and Room Number, if any <u></u> |
| Trade Name <u></u> | Street <u>740 Centreview Boulevard</u> |
| Attention To <u>Joseph</u> <input type="checkbox"/> <u>Yung</u> | City <u>Crestview Hills</u> |
| Title <u>Senior Vice President of Developmen</u> | State <u>Kentucky</u> ZIP Code + 4 <u>41017-5434</u> |

5.b. Termination Date 07/31/2018 5.c. Amount 24,018.

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,018

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 | |
|---|------------|--------------|------------|---|
| <u></u> | <u></u> | <u></u> | <u></u> | 9. Office and Administrative Expenses <u></u> |
| <u></u> | <u></u> | <u></u> | <u></u> | 10. Publicity <u></u> |
| <u></u> | <u></u> | <u></u> | <u></u> | 11. Fees for Professional Services <u></u> |
| <u></u> | <u></u> | <u></u> | <u></u> | 12. Loans Made <u></u> |
| <u></u> | <u></u> | <u></u> | <u></u> | 13. Other Disbursements <u></u> |
| 8. Total disbursements to officers and employees: <u></u> | | | | 14. Total Disbursements (Sum of Items 8-13) <u></u> |

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: <u></u> | 15.b. Trade Name, If any: <u></u> |
| 15.c. To Whom Paid | 15.d. Amount <u></u> |
| Name <u></u> <input type="checkbox"/> <u></u> | 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| Title <u></u> | |
| Organization <u></u> | |
| P.O. Box, Building and Room Number, if any <u></u> | |
| Street <u></u> | |
| City <u></u> | |
| State <u>Washington</u> ZIP Code + 4 <u></u> | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u></u> | |