

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

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)

608138

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: 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 Matt Upp, President  
Organization Precision Pipeline LLC  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 10 Whitley Road  
City Lancaster  
State OH ZIP Code + 4 43130

#### 7. Date entered into:

02 / 08 / 2016

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

Name Matt Upp  
Name Tom Lorenz  
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

3-7-16

Date

614-734-9455

Telephone Number

On

3-7-16

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 Precision Pipeline LLC in campaign to remain union-free. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

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 materials for distribution, and conducting meetings with employees and management for purpose of addressing questions and rights afforded under the NLRA.

11.b. Period during which performed:

02/08/2016 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Matt Upp, President

Organization Precision Pipeline LLC

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

Street 10 Whiley Road

City Lancaster

State OH ZIP Code + 4 43130

Additional Name and address through whom performed, if any:

Name Tom Lorenz

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

a. All non-union employees

12.b. Identify subject labor organizations:

b. Operating Engineers