

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

681468

1. File Number: C-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 Tri-State Heating & Air, LLC
Organization HVAC
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 1305 Argillite Road
City Flatwoods
State KY ☒ ZIP Code + 4 41139

7. Date entered into:

07 / 10 / 18

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

Name Mike Wheeler, Owner
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 Ronald L. Mason President
(If other title, see instructions)
Title President

14. Signed Mike Wheeler Treasurer
(If other title, see instructions)
Title Treasurer

On 08/07/18 614-734-9455
Date Telephone Number

On 08/07/18 614-734-9455
Date 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 Tri-State Heating & Air 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 to/from Flatwoods.

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

11.b. Period during which performed:

July 10, 2018 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mike Wheeler, owner

Organization Tri-State Heating & Air, LLC

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

Street 1305 Argillite Road

City Flatwoods

State KY

ZIP Code + 4 41139

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 and regular part time plumbers and plumber helpers

12.b. Identify subject labor organizations:

Plumbers & Steamfitters Local 248