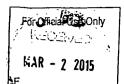
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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)

518392

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept.
Name Ronald L Mason	Name Ronald L Mason
Title President	Title President
Organization Midwest Management Consultants, Inc.	Organization Midwest Management Consultants, inc.
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., 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):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Sandy Hakes, President	02 / 06 / 15
Organization Williams NationaLease	8. Name of person(s) through whom made:
Trade Name, if any NationaLease	Name Sandy Hakes, President
P.O. Box, Bldg., Room No., if any	Name Kip McDowell, CEO
Street 1601 Fifth Street	Name
^{City} Lincoln	Name
State IL ZIP Code + 4 62656	Name :
Signal	ures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section 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 belief,
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see instructions)
Title President instructions)	Title Treasurer
on 2-17-15 614-734-9455	on 2-17-15 614-734-9455
Date Telephone Number	Date Telephone Number

KOHATA MABOH MITAWESE MAHAGEMENE COMPATIONIS,	
	C-00680
9. Check the appropriate box to indicate whether an object of the activities unde	rtaken, is directly or indirectly:
Oneck the appropriate box to indicate whether an object of the activities under	
a. To persuade employees to exercise or not to exercise, or persuade er 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 em such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in 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.):
	ionaLease at their terminal in Lincoln (IL), t has never been reduced to writing, is for either party at any time.
All consultations billed at \$185/hourly, i	ncluding travel time and expenses.
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	tions):
a. Nature of activity:	
Giving speeches, preparing written materia meetings with employees and management for rights afforded under the NLRA.	
	11.c. Extent performed:
11.b. Period during which performed:	continuing
02/06/15 to present	Additional Name and address through whom performed, if any:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any
^{Name} Sandy Hakes, President	Name Sandy Hakes, President Kip McDowell, CEO Organization
Organization Williams NationaLease	
P.O. Box. Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any

Street

City

State

12.b. Identify subject labor organizations:

Teamsters Local 916

62652

ZIP Code + 4

Street

City

State

1601 Fifth Street

Drivers servicing IP contract

ZIP Code + 4

Lincoln

ΙL

12.a. Identify subject groups of employees: