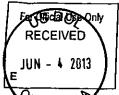
Office of Labor-Management Standards Mashington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



RECEIVED	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 Individual and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRD
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E JUN - 4 2813	READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT.			
CAS DROP	529745				
1. File Number: C- 00680					
<u> </u>					
Person Filing		<u> </u>			
Name and mailing address (include :	☑P Code):	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 Manageme	ent 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., S	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):			
<u> </u>	<u> </u>				
Nature of Agreement or Arrangement	<u> </u>				
Full name and address of employer with whom made (include ZIP Code);		7. Date entered into: 05 07 13			
Name Russ Ables, Pre		8. Name of person(s) through whom made:			
Organization Ables Heating,	·				
Trade Name, if any Jerry Able	s Electric	Russ Ables, President			
P.O. Box, Bidg., Room No., if any		Name Jeremy Ables			
Street 433 Wheeling Av	e '	_{Name} Josh Ables			
City Cambridge		Name			
State Ohio	ZIP Code + 4 43725	Name :			
Signatures					
Each of the undersigned declares, under the information contained in any accomp- true, correct, and complete. (See Section	20VIDO (COCIMENTS) has been evamined b	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 2	Monar_ President	14. Signed Treasurer			
Title President	(If other title, see instructions)	(If other title, see instructions)			
<i>;-</i> -					
On <u>5-29-13</u> (61)	1- 734-9455 Telephone Number	On <u>5-29-13</u> <u>614-734-9455</u> Date Telephone Number			

L		. 1110.	<u> </u>			
	Ron Mason Midwest Management Consult		C-00680			
Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:						
a.[a. X 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. Ten	ms and conditions (Explain in detail; see instructions. Written agreements	s must be attached.):	· · · · · · · · · · · · · · · · · · ·			
Verbal agreement to represent Ables 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 \$175.00 per hour including travel time and expenses.						
•		•				
•			<u> </u>			
<u> </u>	Activities to be Performed	<u> </u>				
 For each activity, separately list in detail the information required (See instructions): Nature of activity: 						
Giving speeches, preparing written materials for distribution and conduction meetings with employees and management for purposes of remaining union-free, and addressing questions concerning rights afforded under the NLRA.						
		-	.*			
11.b. Period during which performed: 05/07/13 to present		11.c. Extent performed:	continuing			
11.d. Nar	me and address through whom performed:	<u> </u>	s through whom performed, if any:			
Name	Russ Ables, President	Name .	•			
Organization bles Heating, Cooling & Electric		Organization				
P.O. Box,	, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street	433 Wheeling Ave	Street				
City	Cambridge	City				
State	Ohio ZIP Code + 4 43725	State	ZIP Code + 4			

12.b. Identify subject labor organizations:

IBEW Local 1105

12.a. Identify subject groups of employees:

journeymen,

All helpers, apprentices, construction wiremen, construction electricians and