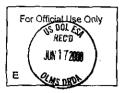


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

. File Number: c- 363 362683	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name William P. Wheeler	Name William P. Wheeler
_{Title} Labor Relations Consultant	Title Labor Felations Consultant
Organization	Organization Midwest Management Consultants, Inc
P.O. Box, Bldg., Room No., if any Park Towers/Suit	te 1509 P.O. Box, Bldg., Room No., if any Suite 620
Street 1620 East Broad Street	Street 425 Metro Place North
city Columbus	City Dublin
State Ohio ZIP Code + 4 432	State Ohio ZIP Code + 4 43017
4. Date fiscal year ends: 5. Type of person:	
· · · · · · · · · · · · · · · · · · ·	Partnership c. Corporation d Other (Specify):
Vature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZI	IP Code): 7. Date entered into: 05 / 20 / 08
_{Name} Mr. Craig D. Valentine, Presider	nt (USA) 8. Name of person(s) (irrough whom made:
Organization Clarke Power Products, Inc.	
rade Name, if any CLARKE	Name Mr. Craig D. Valentine
P.O. Box, Bldg., Room No., if any	Name Mr. James G. Mihaly
Street 28740 Glenwood Road	Name
City Perrysburg	Name
State Ohio ZIP Code + 4 4355	Name
	Signatures
each of the undersigned declares, under penalty of perjury and ot the information contained in any accompanying documents) has be tue, correct, and complete. (See Section VII on penalties in the in	ther applicable penalties of law, that all infithe information submitted in this report (including been examined by the signatory and is, in the best of the undersigned's knowledge and belief, instructions.)
3. Signed Presid	dent 14. Signed Treasurer er title, see (if other title, see
	tions) Title Treasurer instructions)
on June 11, 2008 614-252-2524	Оп
On Date Telephone Number	Dat : Telephone Number

	4		
Filer: William P.	Wheeler	File Number C-	36

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
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.		

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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to represent Clarke in campaign against becoming a union shop. Agreement is for no specific time, has never been reduced to writing, and may be terminated by either party at any time. All consultations billed at the hourly rate of \$175.00, including travel time and expenses incurred accordingly.

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 employees and management for purposes of remaining non-union.

11.b. Period during which performed: 05/20/08 to present	11.c. Extent performed: continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Mr. Craig D. Valentine, President	Name Mr. James G. Mihaly, COO
Organization Clarke Powers Products, Inc.	Organization
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 28740 Glenwood Road	Street
City Perrysburg	City
State Ohio ZIP Code + 4 43551	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
 a. Full time and regular part-time Warehouse Employees 	b. UFCW Local No. 911