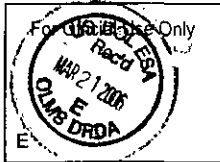


FORM LM-20

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.

1. File Number: C-363

Person Filing

2. Name and mailing address (include ZIP Code):

Name William P. Wheeler
Title Labor Relations Consultant
Organization
P.O. Box, Bldg., Room No., if any Suite 1509
Street 1620 East Broad Street
City Columbus, ()
State Ohio ZIP Code + 4 43203

3. Any other address where records necessary to verify this report are kept:

Name William P. Wheeler
Title Labor Relations Consultant
Organization Midwest Management Consultants, Inc.
P.O. Box, Bldg., Room No., if any Suite 620
Street 425 Metro Place North
City Dublin,
State Ohio ZIP Code + 4 43017

4. Date fiscal year ends:

12 / 06

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 Ben W. Lupo
Organization Zorro Trucking L.L.C.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2761 Salt Springs Road
City Youngstown,
State Ohio ZIP Code + 4 44509

7. Date entered into:

02 / 16 / 06

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

Name Ben W. Lupo
Name Susan Faith
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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 03/02/06
Date

614-252-2524
Telephone Number

On
Date
Telephone Number

Filer:

File Number C- 363

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 client in campaign against becoming a union shop. Agreement has never been reduced to writing and may be terminated by either party at any time. All consultations billed at \$160.00 per hour including travel time and all expenses incurred from Columbus, Ohio to Youngstown, Ohio roundtrip.

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 both management and employees for purposes of answering questions concerning management and employees' rights under the NLRA during union organizational campaign.

11.b. Period during which performed:

February 16, 2006 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Ben W. Lupo

Organization Zorro Trucking L.L.C.

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

Street 2761 Salt Springs Road

City Youngstown,

State Ohio

ZIP Code + 4 44509

Additional Name and address through whom performed, if any:

Name Susan Faith

Organization Zorro Trucking L.L.C.

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

Street 2761 Salt Springs Road

City Youngstown,

State Ohio

ZIP Code + 4 44509

12.a. Identify subject groups of employees:

All full-time and regular part-time truck drivers, mechanics, mechanic helpers and laborers

12.b. Identify subject labor organizations:

Teamsters Union Local No. 377
Youngstown, Ohio 44502