

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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- 758

501252

### Person Filing

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

Name KAREN T LITTMANN

Title LEGAL ADMINISTRATOR

Organization MARCUS & SHAPIRA LLP

P.O. Box, Bldg., Room No., if any 35TH FLOOR

Street 301 GRANT STREET, ONE OXFORD CENTRE

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15219-6401

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 12

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 JOSEPH MCHENRY

Organization SUPERIOR BEVERAGE GROUP, LTD.

Trade Name, if any SUPERIOR BEVERAGE GROUP

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

Street 31031 DIAMOND PARK

City GLENWILLOW

State Ohio ZIP Code + 4 44139

7. Date entered into:

6 / 24 / 2012

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

Name JOSEPH MCHENRY

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 Bruno D. Marucci President  
(If other title, see instructions)

Title Managing Partner

14. Signed Karen T Littmann Treasurer  
(If other title, see instructions)

Title Other (Specify)  
LEGAL ADMINISTRATOR

On 7-16-12 412-471-3490  
Date Telephone Number

On 7-16-12 412-471-3490  
Date Telephone Number

Filer: KAREN LITTMANN      MARCUS & SHAPIRA LLP	File Number C-
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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 provide services intended to educate employees about their rights under the National Labor Relations Act, as amended, including their rights to organize and bargain collectively.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:  Educate employees about their rights under the NLRA, including their rights to organize and bargain collectively, along with their right to deauthorize and/or decertify.	
11.b. Period during which performed: 06/24/2012	11.c. Extent performed: Ongoing
11.d. Name and address through whom performed:  Name    GLENN                      M    OLCERST  Organization    MARCUS & SHAPIRA LLP  P.O. Box, Bldg., Room No., if any    35TH FLOOR  Street    301 GRANT STREET, ONE OXFORD CENTRE  City    PITTSBURGH  State    Pennsylvania                      ZIP Code + 4    15219-6401	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:  Superior Beverage Group, Ltd. non-management employees at various locations.	12.b. Identify subject labor organizations:  Not applicable.