

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


343425

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 Park Towers/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 / 08	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name TMT Logistics Organization Trade Name, if any TMT P.O. Box, Bldg., Room No., if any Street P-314 County Road 12 City Napoleon State Ohio ZIP Code + 4 43545	7. Date entered into: 02 / 08 / 08 8. Name of person(s) through whom made: Name Tony Marks Name Carrie A. Sprenger 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  President
(If other title, see instructions)
Title President

On 02/18/08 614-252-2524
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On _____
Date Telephone Number

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 TMT 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 \$175.00 per hour 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:

02/09/08 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Tony Marks, President/CEO

Organization TMT Logistics

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

Street P-314 County Road 12

City Napoleon

State Ohio ZIP Code + 4 43545

Additional Name and address through whom performed, if any:

Name Carrie A. Sprenger, VP-Marketing/HR

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All full time and regular part time
spotters and shuttle drivers

12.b. Identify subject labor organizations:

Teamsters local #20