

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

525 578

1. File Number: C- 65357

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Brian S Carroll</u> Title <u>Labor Relations Specialist</u> Organization _____ P.O. Box, Bldg., Room No., if any <u>P. O. Box 932</u> Street _____ City <u>Pratt</u> State <u>Kansas</u> ZIP Code + 4 <u>67124</u>	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: <u>Dec</u> / <u>12</u>	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 <u>Michael Correll</u> Organization <u>Midwest Transport, Inc.</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>205 East Main Street</u> City <u>Robinson</u> State <u>Illinois</u> ZIP Code + 4 <u>62454</u>	7. Date entered into: <u>5</u> / <u>10</u> / <u>2012</u> 8. Name of person(s) through whom made: Name <u>Michael Correll</u> 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 [Signature] President.
(If other title, see instructions)
Title Other (Specify)

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

Labor Relations Specialist

On 03/30/2013 620-388-2441
Date Telephone Number

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.):

To engage in persuader activities on behalf of employer to vote against the labor organization in the NLRB conducted election.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Assisted employer in campaign activity to persuade employees to vote against the labor organization in the NLRB conducted election.

11.b. Period during which performed:

May 10, 2012 to June 22, 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Brian S Carroll

Organization

P.O. Box, Bldg., Room No., if any P. O. Box 932

Street

City Pratt

State Kansas

ZIP Code + 4 67124

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:

All full time and regular part time sprinkler fitters and helpers employed by the employer.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters Local 79