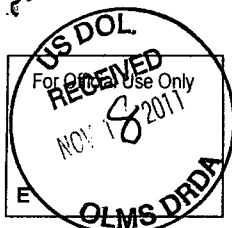


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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- ~~First Time Completing this form~~
745

Person Filing

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

Name William P Kirby
Title President
Organization WP Kirby Associates, Inc.
P.O. Box, Bldg., Room No., if any
Street 3310 Neiffer Road
City Schwenksville
State Pennsylvania ZIP Code + 4 19473-1520

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 / 31

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 Thomas D Ayres
Organization Rainbow Transportation
Trade Name, if any PLS III LLC
P.O. Box, Bldg., Room No., if any
Street 40 Fillmore Avenue
City Tonawanda
State New York ZIP Code + 4 14150-2336

7. Date entered into:

10 / 26 / 2011

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

Name Thomas D Ayres
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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 11/17/2011 610-754-9151
Date Telephone Number

On 11/17/2011 610-754-9151
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.):

No formal agreement. Fee is \$2,500 per day plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

General Human Resources Management strategy concerning improving employee relations.
Attempt to persuade employees of Rainbow Transportation to vote no in a representation election.

11.b. Period during which performed:

10/26/2011 thru 11/30/2011

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Thomas D Ayres

Organization PLS III LLC

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

Street 401 East Amherst St.

City Buffalo

State New York

ZIP Code + 4 14215-1529

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:

School bus drivers, aides, mechanics

12.b. Identify subject labor organizations:

Teamsters Local #375

FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

1. File Number C-

First time completing form

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

10/26/2011

Through:

Month/Day/Year
(mm/dd/yyyy)

11/17/2011

A. Person Filing

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

Name

William

P

Kirby

Title

President

Organization

WP Kirby Associates, Inc

P.O. Box, Building and Room Number, if any

Street

3310 Neiffer Road

City

Schwenksville

State

Pennsylvania

ZIP Code + 4 19473-1520

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed

Title

President

President
(if other title, see
instructions)

18. Signed

Title

Treasurer

Treasurer
(If other title, see
instructions)

On

11/17/2011

Date

610-754-9151

Telephone Number

On

11/17/2011

Date

610-754-9151

Telephone Number

Name of Person Filing: William Kirby	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Rainbow Transportation"/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text" value="PLS III LLC"/>	Street <input type="text" value="401 East Amherst Street"/>		
Attention To <input type="text" value="Thomas"/> <input type="checkbox"/> <input type="text" value="D"/> <input type="text" value="Ayres"/>	City <input type="text" value="Buffalo"/>		
Title <input type="text" value="Chief Executive Officer"/>	State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="14215-1529"/>		
5.b. Termination Date <input type="text" value="11/30/2011"/>		5.c. Amount <input type="text" value="10,000"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,000			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:							
(a) Name		(b) Salary	(c) Expenses	(d) Totals			
William	P	Kirby	3,750	1,299	5,049	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services	<input type="text" value="3,750"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:					5,049	14. Total Disbursements (Sum of Items 8-13)	8,799

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <input type="text" value="N/A"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	