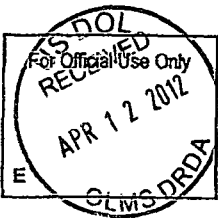


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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- 680

494708

## Person Filing

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

Name Ronald L. Mason

Title President/Treasurer

Organization Midwest Management Consultants, Inc.

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

Street 425 Metro Place N., Suite 620

City Dublin

State Ohio

ZIP Code + 4 43017

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

Name n/a

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 Patrick B. Cozzens

Organization Modern Transportation/TSL

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 110

Street 2605 Nicholson Road

City Sewickley

State Pennsylvania

ZIP Code + 4 15143

7. Date entered into:

11 / 24 / 2009

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

Name Patrick B. Cozzens

Name Brian Brenner

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

*Ronald L. Mason*

President  
(If other title, see instructions)

Title President

14. Signed

*Ronald L. Mason*

Treasurer  
(If other title, see instructions)

Title Treasurer

On

4/5/12  
Date

614-734-9450

Telephone Number

On

4/5/12  
Date

614-734-9450

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 Modern Transportation/TSL 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 the hourly rate of \$175, including travel 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:

11/24/09

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Patrick B. Cozzens

Organization Modern Transportation/TSL

P.O. Box, Bldg., Room No., if any Suite 110

Street 2605 Nicholson Road

City Sewickley

State

Pennsylvania



ZIP Code + 4

15143

Additional Name and address through whom performed, if any:

Name Brian Brenner

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 part time drivers employed at the Green Tree Terminal (Pittsburgh, PA).

12.b. Identify subject labor organizations:

Teamsters Union Local 249