

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

For Office Use Only

JUN 23 2009

OLMS DRON

E

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.

399438

1. File Number: C- 363

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 / 09

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 Janie Mayle, President

Organization The Voto Manufacturers Sales Co.

Trade Name, if any Voto Sales

P.O. Box, Bldg., Room No., if any P.O. Box 1299

Street 500 North Third Street

City Steubenville

State Ohio

ZIP Code + 4 43952

7. Date entered into:

06 / 09 / 09

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

Name Janie Mayle

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 06/12/09

Date

614-252-2524

Telephone Number

On

Date

Telephone Number

Filer: William P. Wheeler

File Number C-363

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 Voto Sales in campaign to decertify the union. Agreement has never been reduced to writing, is for no specific time, 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 answering questions and concerns over the decertification process.

11.b. Period during which performed:

06/09/09 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Janie Mayle, President

Additional Name and address through whom performed, if any:

Name Janie Mayle

Organization Voto Sales

Organization

P.O. Box, Bldg., Room No., if any P.O. Box 1299

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

Street 500 North Third Street

Street

City Steubenville

City

State Ohio

ZIP Code + 4 43952

State

ZIP Code + 4

12.a. Identify subject groups of employees:

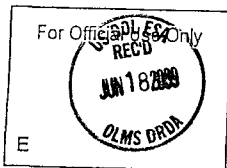
- a. all full-time and regular part-time production and maintenance at the warehouse.

12.b. Identify subject labor organizations:

- b. USW Local 4195-05

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

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 / 09

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 Mr. Joseph M. Schwebel

Organization Schwebel Baking Company

Trade Name, if any Schwebel's

P.O. Box, Bldg., Room No., if any P.O. Box 6018

Street 965 East Midlothian Blvd.

City Youngstown

State Ohio

ZIP Code + 4 44501

7. Date entered into:

06 / 09 / 09

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

Name Mr. Joseph M. Schwebel, President

Name

Name

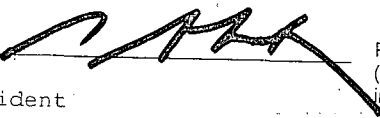
Name

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

Treasurer
(If other title, see
instructions)

Title

On 06/12/09

Date

614-252-2524

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.):

Verbal agreement to represent Schwebel's in campaign against becoming a union shop at their facility in Reno, Pennsylvania. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

All consultations are 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 team members and management for purposes of remaining non-union.

11.b. Period during which performed:

06/09/09 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mr. Joseph M. Schwebel, President

Organization Schwebel Baking Company

P.O. Box, Bldg., Room No., if any P.O. Box 6018

Street 965 Midlothian Blvd.

City Youngstown

State Ohio ZIP Code + 4 44501

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:

- a. all full-time and regular part-time route sales persons, mechanics, store clerks, and utility persons employed at the Reno, PA facility.

12.b. Identify subject labor organizations:

- b. Teamsters Union Local 538