

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00680

Person Filing	
2. Name and mailing address (include ZIP Code): Name Ronald L Mason Title President Organization Midwest Management Consultants, Inc. P.O. Box, Bldg., Room No., if any Street 425 Metro Place N., Suite 620 City Dublin State Ohio <input checked="" type="checkbox"/> ZIP Code + 4 43017-5357	3. Any other address where records necessary to verify this report are kept: Name Ronald L Mason Title President Organization Midwest Management Consultants, Inc. P.O. Box, Bldg., Room No., if any Street 425 Metro Place N., Suite 620 City Dublin State Ohio <input checked="" type="checkbox"/> ZIP Code + 4 43017-5357
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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 Larry Corvi, Publisher Organization New Castle News/West Penn Printing Trade Name, if any New Castle News P.O. Box, Bldg., Room No., if any Street 103 River Park Drive City New Castle State Pennsylvania <input checked="" type="checkbox"/> ZIP Code + 4 16101	7. Date entered into: 3 / 25 / 2013 8. Name of person(s) through whom made: Name Larry Corvi, Publisher Name John Eckert, Plant Mgr 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) ☒

14. Signed [Signature] Treasurer
(If other title, see instructions) ☒

On 4/3/2013 614-734-9455
Date Telephone Number

On 4/3/2013 614-734-9455
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 West Penn Printing in campaign to avoid 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.

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 union free, and addressing questions concerning rights afforded under the NLRA.

11.b. Period during which performed:

March 26, 2013 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Larry Corvi, Publisher
Organization New Castle News/West Penn Printing
P.O. Box, Bldg., Room No., if any
Street 103 River Park Drive
City New Castle
State Pennsylvania ☒ ZIP Code +4 16101

Additional Name and address through whom performed, if any:

Name John Eckert, Plant Mgr.
Organization West Penn Printing
P.O. Box, Bldg., Room No., if any
Street 103 River Park Drive
City New Castle
State Pennsylvania ☒ ZIP Code +4 16101

12.a. Identify subject groups of employees:

a. All full time and regular part time Laborers, Fork Lift Operators, Plate Makers and Machine Operators employed at 103 River Park Drive, New Castle, PA.

12.b. Identify subject labor organizations:

b. Communications Workers of America (CWA)