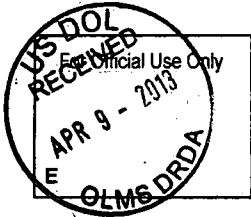


FORM LM-20

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)

526618
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: **C-736**

Person Filing

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

Name **DAVID NYSTROM**
Title **CEO**
Organization **LABOR CONSULTING GROUP, LLC**
P.O. Box, Bldg., Room No., if any
Street **535 GRISWOLD, SUITE 111-237**
City **DETROIT**
State **MICHIGAN** ZIP Code + 4 **48226**

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:

12/31/13

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 **ERIC TAYLOR**
Organization **BIRNIE BUS, INC**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **248 OTIS STREET**
City **ROME**
State **NEW YORK** ZIP Code + 4 **13441**

7. Date entered into:

3/5/13

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

Name **DAVID NYSTROM**
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

Title **President**

President
(If other title, see instructions)

14. Signed

Title **Treasurer**

Treasurer
(If other title, see instructions)

On

4-3-13

Date

877-890-8782

Telephone Number

On

4-3-13

Date

877-890-8782

Telephone Number

Filer:

File Number C-

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.):

meet employees to persuade them to vote
NO union on Election Day 4-3-13

Specific Activities to be Performed

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

a. Nature of activity:

SHADE 2c Bldg
DOZER MASON
JESSICA JARRE
MAATY NYSTROM

> \$60,000 - plus expenses

11.b. Period during which performed:

3-5-13 / 4-3-13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name DAVID NYSTROM

Organization LABOR CONSULTING GROUP, LLC

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

Street 535 GRIWALD SUITE 11-237

City DETROIT

State MI

ZIP Code + 4 48226

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:

DRIVERS, Mechanics

12.b. Identify subject labor organizations:

AFSME (CSEA)
"Vote
25-7" NO union
4-3-13