

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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

407018

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. Keith W. Harms, Safety Director

Organization Petermann, Ltd.

Trade Name, if any Petermann

P.O. Box, Bldg., Room No., if any 8 Suites 330 Brook Road, Suite

Street 8041 Hosbrook Road

City Cincinnati

State Ohio

ZIP Code + 4 45236

7. Date entered into:

09 / 30 / 09

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

Name Keith W. Harms

Name

Name

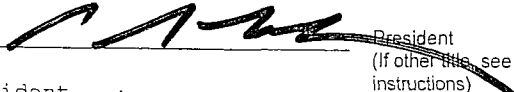
Name

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

10/26/09

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 Petermann at their Milford facility in campaign against becoming a union shop. 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 remaining non-union.

11.b. Period during which performed:

09/30/09 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mr. Keith W. Harms, Safety Director

Organization Petermann, Ltd.

P.O. Box, Bldg., Room No., if any Suite 330

Street 8041 Hosbrook Road

City Cincinnati

State Ohio ZIP Code + 4 45236

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:

All full time and regular part-time bus drivers and aides and all regular substitute drivers and aides employed to service Milford District

12.b. Identify subject labor organizations:

Teamsters Local Union No. 100