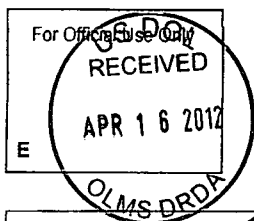


# FORM LM-20

## 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.

445061

1. File Number: C- 293

### Person Filing

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

Name DAVE SOMERVILLE

Title PRINCIPAL

Organization

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

Street 17230 SE 116TH CT. RD.

City SUMMERFIELD

State FLORIDA ZIP Code + 4 34491

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:

DECEMBER 31 / 2012

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 TOTAL ARMORED CAR SERVICE, INC

Organization

Trade Name, if any

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

Street 2950 ROSA PARKS BLVD.

City DETROIT

State MICHIGAN ZIP Code + 4 48216

7. Date entered into:

MARCH / 12 / 2012

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

Name JIM BARR

Name ED BUELOW

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 7(b) on penalties in the instructions.)

13. Signed

President  
(If other title, see  
instructions)

Title ~~President~~ PRINCIPAL

14. Signed

Treasurer  
(If other title, see  
instructions)

Title ~~Treasurer~~

On

4/9/2012 352-459-7330

Date

Telephone Number

On

Date

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.):

ORAL AGREEMENT / FLAT RATE \$3500.00 INITIAL

#### Specific Activities to be Performed

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

a. Nature of activity: PERSUADE EMPLOYEES DIRECTLY CONCERNING REPRESENTATION ELECTION ON APRIL 6, 2012. DIRECT EMPLOYEE CONTACT, CAPTIVE AUDIENCE MEETINGS, ASSISTING IN LETTER DRAFTS FOR EMPLOYEE HANDOUTS AND MAILINGS TO EMPLOYEES. ASSISTED IN ADVICE AS TO PROVISIONS OF THE NATIONAL LABOR RELATIONS ACT.

11.b. Period during which performed:

MARCH 12, 2012 THRU APRIL 6, 2012

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name TOTAL ARMORED CAR SERVICES, INC.

Organization

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

Street 2950 ROSA PARKS BLVD.

City DETROIT

State MICHIGAN

ZIP Code + 4 48216

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:

SECURITY EMPLOYEES, DRIVERS, MESSENGERS, VAULT EMPLOYEES

12.b. Identify subject labor organizations:

SPFPA