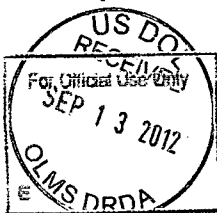


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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. 435 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-777 503716

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Denise Malwitz	Name
Title	Title
Organization D.M. Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3530 milford Haven St	Street
City Las Vegas	City
State NV ZIP Code + 4 89122	State ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:
	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 3 / 4 / 2008
Name	8. Name of person(s) through whom made:
Organization Bernie Bus Service	Name Tim Bernie
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 2486 State Route 12-B	Name
City Hamilton	Name
State New York ZIP Code + 4 13345	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 Denise	14. Original	(If other title, see instructions)
Title President	Title Treasurer	
Date 9-1-2012	On	
Telephone Number		

Filer:

~~Denise Malwitz~~ Denise Malwitz

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.):

Verbal agreement to provide Consultation and to give speeches to employees about exercising their right to organize and bargain collectively, Terms are \$187.50 per hour. Plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

Various Days 3/4 thru 3/19/68

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

OK

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:

Van, School Bus drivers,
monitors and cruise
drivers

12.b. Identify subject labor organizations:

Teamsters