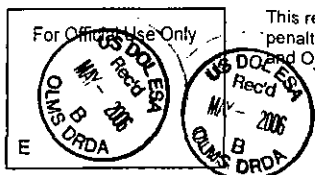


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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

### 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 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 / 06

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 David K. Strawser, President

Organization Strawser Equipment & Leasing, Inc.

Trade Name, if any

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

Street 1111 Stimmel Road

City Columbus

State Ohio

ZIP Code + 4 43223

7. Date entered into:

04 / 18 / 06

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

Name David K. Strawser

Name Kendra Strawser

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 04/23/06

Date

614-252-2524

Telephone Number

On

Date

Telephone Number

Filer: William P. Wheeler

File Number C- 363

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 client in campaign against becoming a union shop. Agreement has never been reduced to writing and may be terminated by either party at any time. All consultations billed at \$160.00 per hour including travel time and all expenses incurred from Dublin, Ohio roundtrip to Columbus, Ohio.

**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 both management and employees for purposes of answering questions concerning management and employees' rights under the NLRA during union organizational campaign.

11.b. Period during which performed:  
April 18, 2006 to present

11.c. Extent performed:  
continuing

11.d. Name and address through whom performed:

Name David K. Strawser, President  
Organization Strawser Equipment & Leasing, Inc.  
P.O. Box, Bldg., Room No., if any  
Street 1111 Stimmel Road  
City Columbus  
State Ohio ZIP Code + 4 43223

Additional Name and address through whom performed, if any:

Name Kendra Strawser, Secretary-Treasurer  
Organization Strawser Equipment & Leasing, Inc.  
P.O. Box, Bldg., Room No., if any  
Street 1111 Stimmel Road  
City Columbus  
State Ohio ZIP Code + 4 43223

12.a. Identify subject groups of employees:  
Drivers

12.b. Identify subject labor organizations:  
Teamsters Union Local #284