U.S. Department of Labor Office of Labor-Wanagement Standards ₩ Washington, DC 20210

FURIVI LIVI-ZU AGREEMENT AND ACTIVITIES REPORT

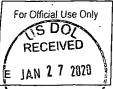
norim approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016

3. Any other address where records necessary to verify this report are kept:

L Mason

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 398



Person Filing

Name

Title

Street

PΑ

State

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

P.O. Box, Bldg., Room No., if any P. O. Box 398

Ronald

President

L Mason

Organization Midwest Management Consultants, Inc.

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)

Name Ronald

Street

Title President

RECEIVED		•
E JAN 2 7 2020	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	21.1777
		714416
File Number C- 00680		,

City Dublin		City Dubitin	
State Ohio	▼ ZIP Code + 4 43017-0398	State Ohio	ZIP Code + 4 43017-0398
4. Date fiscal year ends: Dec	5. Type of person: a. Individual b. Partnership	c. X Corporation d.	Other (Specify):
Nature of Agreement or Arrangemen	it		·
	ame and address of employer with whom made (include ZIP Code): Andrew Mogilyansky, Consultant		10 / 30 / 2019
Organization CarVision Trade Name, if any CarVision P.O. Box, Bldg., Room No., if any		8. Name of person(s) through	gh whom made: ero, President
		Name	
Street 6.729 Essington Avenue		Name .	
City Philadelphia		Name	•

Signatures

Name

ZIP Code + 4 1 91 5 3

Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined	penalties of law, that all of the information submitted in this report (including 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 And Ma President (If other title, see	14. Signed Treasurer (If other title, see
President instructions)	instructions)
Title President	Title Treasurer
Juli (1) Wen	Korld CITAIN
on 125/19 614-734-9455	on 12/5/19 614-734-9455
Date , Telephone Number	Date Telephone Number
1/16/2020	1/16/2020
Form LM-20 (2003)	Page 1 of 2

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. X X 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.
 - 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 CarVision in union campaign against Teamsters Local 830. 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 \$225/hourly, including travel time and expenses

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 management and employees for purpose of answering questions on rights afforded by the NLRA.

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11.b. Period during which performed: 10/30/19 to present	11.c. Extent performed: Continuing Additional Name and address through whom performed, if any: Name Dean Cafiero		
11.d. Name and address through whom performed:			
^{Name} Andrew Mogilyansky			
Organization CarVision	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 6729 Essington Avenue	Street		
City Philadelphia	City		
State PA ZIP Code + 4 1 91 5 3	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All full-time and regular part-time mechanics employed by CarVision at the facility	Teamsters Local 830		
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