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

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. Fallure 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: Person Filling 2. Name and mailing address (Include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Joseph Name President Title Organization East Coast Labor Relations P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 151 Forge rd City Delran City Code + 4 08075 State New Jersey State 4. Date fiscal year ends: 5. Type of person: Other (Specify): Dec Individual Corporation Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): **/** 2013 2 8. Name of person(s) through whom made: Organization NTN Bower NDI Driveshaft Trade Name, if any P.O. Box, Bidg., Room No., if any Street 8251 South International Drive Columbus 47201 State Indiana 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) sident 215-846-2688 Telephone Number Date

File Number C-

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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 t 187.50 per hour		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Give speches to employees regarding their rights to	organize and collectively bargain.	
11.b. Period during which performed: various days beginning 6/3/13	11.c. Extent performed: fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization Labor Relations Institute, Inc.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850n S. Rim Place	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 78050	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
production and maintenance employees	Auto Workers	