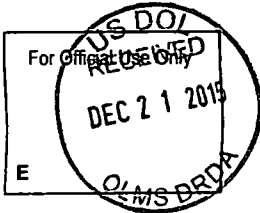


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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)

602137

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66710

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>BRAOFRON S. GONZALEZ</u> Title <u>CONSULTANT</u> Organization <u>INTERNATIONAL LABOR RELATIONS SPAINIA</u> P.O. Box, Bldg., Room No., if any Street <u>803 MANGO DR.</u> City <u>CASSELBERRY</u> State <u>FL</u> ZIP Code + 4 <u>32107</u>	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: <u>/</u>	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 <u>SIM TEAGUE</u> Organization <u>INTERNATIONAL LABOR RELATIONS SPAINIA</u> Trade Name, if any, P.O. Box, Bldg., Room No., if any Street <u>8086 S. VALE AVE</u> City <u>TULSA</u> State <u>OK</u> ZIP Code + 4 <u>74136</u>	7. Date entered into: <u>7/1/14</u> 8. Name of person(s) through whom made: Name 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 Braofron S. Gonzalez President
(If other title, see instructions)
Title CONSULTANT

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 12/7/15 386-801-5933
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.):

PROVIDED EDUCATIONAL INFORMATION, BASED ON THE NATIONAL LABOR RELATIONS ACT MANUAL, TO GROUPS OF EMPLOYEES, PROVIDED OPEN DISCUSSION AND COPIES OF THE NATIONAL LABOR RELATIONS ACT MANUAL.

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

7/14 - 8/14

11.c. Extent performed:

11.d. Name and address through whom performed:

Name RICHARD PORTER

Organization ABB CORPORATION

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

Street 4350 SEMPLE AVE

City ST. LOUIS

State MO

ZIP Code + 4 63120-2241

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:

GENERAL EMPLOYEES-

12.b. Identify subject labor organizations:

