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

نيار شرسيا

## 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.

459104		
1. File Number: <b>C</b> - 00633		
Person Filing		
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Michael D Penn	Name	
Title Partner	Title	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza, Suite 505	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 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):	7. Date entered into: 3 / 31 / 2011	
Name Vasilios Kavarligos		
Organization Metro Painting Corporation	8. Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 4101 Braddock Road	Name	
City Alexandria	Name	
State Virginia ZIP Code + 4 22312	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed     Millal Dana Perm   President (If other title, see instructions)    Title   Other (Specify)   Partner	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,  14. Signed  Treasurer (If other title, see instructions)  Partner	
On <u>04/21/11</u> 818-999-5632	On 4-21-2011 949-248-0884	
Date Telephone Number	Date Telephone Number	

File Number C- 00633			
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.			
s must be attached.):			
Payment on a fee-for-service basis at the hourly rate of \$350.00 plus reasonable and customary expenses			
	_		
	_		
ctions):			
a. Nature of activity:			
To advise employees of their Section 7 rights and the potential disadvantages of third-party representation			
the potential disadvantages of third-party			
the potential disadvantages of third-party			
the potential disadvantages of third-party			
the potential disadvantages of third-party			
the potential disadvantages of third-party			
the potential disadvantages of third-party  11.c. Extent performed:			
11.c. Extent performed:	_		
	employees as to the manner of exercising, the right to organize and bargain employees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.  Is must be attached.):  Prate of \$350.00 plus reasonable and customary		

04/01/11 - 04/21/11	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Michael D Penn	Name
Organization The Crossroads Group	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regular part-time painters employed by the Employer from its McLean, VA facility	International Union of Painters and Allied Trades, District Council 51