

# 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. 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- 750

Person Filing	
2. Name and mailing address (include ZIP Code): Name Connie S Oliver Title Labor Relations Specialist Organization P.O. Box, Bldg., Room No., if any Street 11 Fairway Dunes Lane City Isle of Palms State South Carolina ZIP Code + 4 29451	3. Any other address where records necessary to verify this report are kept: Name Title Organization Burdzinski & Partners Incorporated P.O. Box, Bldg., Room No., if any Street 2393 Hickory Bark Drive City Dayton State Ohio ZIP Code + 4 45458
4. Date fiscal year ends: Dec / 12	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Zach Teegarden Organization C S Construction Incorporated Trade Name, if any P.O. Box, Bldg., Room No., if any Street 22023 North 20th Avenue City Phoenix State Arizona ZIP Code + 4 85027	7. Date entered into: 5 / 10 / 2012 8. Name of person(s) through whom made: Name Zach Teegarden 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 <u>Connie S. Oliver</u> Title <u>Other (Specify)</u> <u>Labor Relations Specialist</u> On <u>01/10/2013</u> <u>843-886-4703</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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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.):

To engage in persuader activities on behalf of employer in connection with a National Labor Relations Board conducted RC election for union representation.

**Specific Activities to be Performed**

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

a. Nature of activity:

Assisted employer in campaign activity to persuade employees to vote against the labor organization in the National Labor Relations Board conducted election.

11.b. Period during which performed: Aug 10, 2012  
May 10, 2012 to ~~June 13, 2012~~

11.c. Extent performed:  
Completed

11.d. Name and address through whom performed:

Name **Connie S Oliver**

Organization

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

Street **11 Fairway Dunes Lane**

City **Isle of Palms**

State **South Carolina** ZIP Code + 4 **29451**

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:

All full time and regular part time cement masons and finishers employment by the employer in the State of Arizona.

12.b. Identify subject labor organizations:

Operative Plasterers' and Cement Masons' International Association Local 394