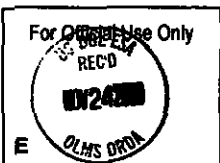


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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-630

372509

## Person Filing

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

Name Olivia Bell  
Title Office Manager  
Organization Oliver J. Bell & Associates  
P.O. Box, Bldg., Room No., if any  
Street 13449 Dulles Avenue  
City Austin  
State Texas ZIP Code + 4 78729

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:

Dec / 31

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 Carol Dominguez-Shay  
Organization PNM Resources, Inc.  
Trade Name, if any Texas New Mexico Power  
P.O. Box, Bldg., Room No., if any  
Street Alvarado Square, MS-1200  
City Albuquerque  
State New Mexico ZIP Code + 4 87158

7. Date entered into:

10 / 23 / 2008

8. Name of person(s) through whom made:

Name Carol Dominguez-Shay  
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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

11/15/08  
Date

(512) 249-6200

Telephone Number

On

11/15/08  
Date

(512) 249-6200

Telephone Number

Filer: Olivia Bell      Oliver J. Bell & Associates	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.):

To provide information to employees on labor relations issues. Meet with small groups of employees up to 12 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization. There was no written agreement.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:  To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.	
11.b. Period during which performed: 10/23-11/11	11.c. Extent performed: Complete
11.d. Name and address through whom performed:  Name    Oliver                      Bell  Organization Oliver J. Bell & Associates  P.O. Box, Bldg., Room No., if any  Street 13449 Dulles Avenue  City    Austin  State Texas                              ZIP Code + 4    78729	Additional Name and address through whom performed, if any:  Name    Bill                              Jonas  Organization Oliver J. Bell & Associates  P.O. Box, Bldg., Room No., if any  Street 13449 Dulles Avenue  City    Austin  State Texas                              ZIP Code + 4    78729
12.a. Identify subject groups of employees:  Full-time and part-time service employees in company's Texas locations.	12.b. Identify subject labor organizations:

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

11.b. Period during which performed:

10/23-11/11

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Xavier Bell  
Organization Oliver J. Bell & Associates  
P.O. Box, Bldg., Room No., if any  
Street 13449 Dulles Avenue  
City Austin  
State Texas ZIP Code + 4 78729

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

Additional Name and address through whom performed, if any:

Name  
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P.O. Box, Bldg., Room No., if any  
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12.a. Identify subject groups of employees:

Full-time and part-time service employees in company's Texas locations.

12.b. Identify subject labor organizations: