## U.S. partment of Labor Office of L.bor-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. 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.

c. 45 35 1. File Number: **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name S Carroll Brian Title Title Labor Relations Specialist Organization Organization Burdzinski & Partners Incorporated P.O. Box, Bldg., Room No., if any Post Office Box 932 P.O. Box, Bldg., Room No., if any Street Street 2393 Hickory Bark Drive City Pratt City Dayton State Kansas ZIP Code + 4 67124 State Ohio ZIP Code + 4 45458 5. Type of person: 4. Date fiscal year ends: a. X 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: 2012 Name Zach Teegarden 8. Name of person(s) through whom made: Organization C S Construction Incorporated Name Zach Teegarden Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 22023 North 20th Avenue City Phoenix Name ZIP Code + 4 State Arizona 85027 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.) President 14. Signed 13. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Treasurer Title Title Labor Relations Specialist 03/10/2013 620-388-2441 Telephone Number Telephone Number Date Date

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|--|---|----------|
| Filer Vian Carroll   | 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 engage in persuader activities on behalf of employer in connection with a National Labor Relations<br>Board conducted RC election for union representation.   |   |          |
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| 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.  |   |          |
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| 11.b. Period during which performatives ID   | 11.c. Extent performed:                                     | · ·      |
| May 10, 2012 to J <del>une 13</del> , 2012   | Completed   | <u>.</u> |
| 11.d. Name and address through whom performed:   | Additional Name and address through whom performed, if any: |          |
| Name Brian S Carroll   | Name  |          |
| Organization:  | Organization  |          |
| P.O. Box, Bldg., Room No., if any Post Office box 932  | P.O. Box, Bldg., Room No., if any                           |          |
| Street   | Street  |          |
| City Pratt   | City  |          |
| State Kansas ZIP Code + 4 67124  | State ZIP Code + 4  |          |
| 12:a. Identify subject groups of employees:  | 12.b. Identify subject labor organizations:                 |          |

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

Operative Plasterers' and Cement Masons' International Association Local 394