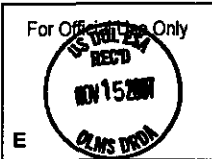


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

338729

1. File Number: C-635

| Person Filing | |
|---|--|
| 2. Name and mailing address (include ZIP Code): Name <u>REGINALD E. ACKERBERY</u> Title <u>PRINCIPAL</u> Organization <u>A R CONNECT</u> P.O. Box, Bldg., Room No., if any Street <u>33 BELVIDERE ST</u> City <u>HAZLETON</u> State <u>PA.</u> ZIP Code + 4 <u>18064</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>12/31/07</u> | 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 <u>SAINT-GOBAIN CERTAINTEED</u> Organization <u>JACKSON, MICHIGAN</u> Trade Name, if any <u>CERTAINTEED</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7. Date entered into: <u>(04/01/07) - default</u> 8. Name of person(s) through whom made: Name 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 <u>[Signature]</u> Title <u>President</u> On <u>NOVEMBER 14, 2007</u> Date <u>(660) 759-8661</u> Telephone Number | 14. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number | Treasurer (If other title, see instructions) |
|---|---|---|

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.):

TO ASSIST CERTAINTIED WITH AN ORGANIZATION ATTEMPT BY TEAMSTERS LOCAL 164, JACKSON MICHIGAN. ASSISTANCE INCLUDES CAMPAIGN STRATEGY AND INFORMATION PROVIDED TO EMPLOYEES.

Specific Activities to be Performed

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

a. Nature of activity:

- ①. CREATION OF CAMPAIGN STRATEGIES
- ②. PREPARATION OF HANDOUT MATERIALS
- ③. POTENTIALLY CONDUCT EMPLOYEES INFORMATION MEETINGS

11.b. Period during which performed:

11/1/07

11.c. Extent performed:

12/7/07

11.d. Name and address through whom performed:

Name

Organization SAINT-GOBAIN CERTAINTIED

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

Street 701 EAST WASHINGTON ST

City JACKSON

State MICHIGAN

ZIP Code + 4 49203

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:

PRODUCTION, MAINTENANCE AGENCY
EMPLOYEES

12.b. Identify subject labor organizations: