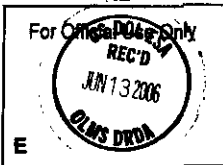


FORM LM-20

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.

1. File Number:

C-481 297001

Person Filing

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

Name James A Breen

Title President

Organization Positive Employee Relations, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 381156

Street

City Clinton Township

State Michigan

ZIP Code + 4 48038

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 Gary Stanford

Organization Les Stanford Cadillac/Chevrolet

Trade Name, if any

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

Street 24555 Michigan Avenue

City Dearborn

State Michigan

ZIP Code + 4 48124

7. Date entered into:

4 / 10 / 2006

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

Name Gary Stanford

Name Paul Stanford

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

James A. Breen

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

5/30/06

Date

586 532-7508

Telephone Number

On

Date

Telephone Number

Filer: James Breen Positive Employee Relations, Inc.

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.):

T

Employed on an hourly fee basis with no formal written agreement. The arrangement was made based upon a variable hourly rate.

Specific Activities to be Performed

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

a. Nature of activity:

Educating employees and answering their questions concerning their rights under the National labor Relations Act and the NLRB election procedures.

11.b. Period during which performed:

4/11/2006 - ongoing

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name James Breen
Organization Positive Employee Relations, Inc.
P.O. Box, Bldg., Room No., if any P.O. Box 381156
Street
City Clinton Township
State Michigan ZIP Code + 4 48038

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:

Service employeeess

12.b. Identify subject labor organizations:

UAW