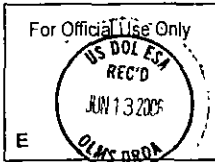


FORM LM-20

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- 615

Person Filing

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

Name John P Reilly

Title consultant

Organization Reilly Consulting

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

Street 23 Marshall Terrace

City Wayland

State Massachusetts

ZIP Code + 4 01778

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 / 6

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 William Forbes

Organization Allied Waste

Trade Name, if any

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

Street 6969 E. Mayo Blvd

City Scottsdale

State Arizona

ZIP Code + 4

7. Date entered into:

4 / 22 / 2006

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

Name William Forbes

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

President
(If other title, see
instructions)

Title President

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On June 1, 2006

Date

1.508.733.4747

Telephone Number

On

Date

Telephone Number

Filer: John Reilly Reilly Consulting	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.):

No written agreement. Offered consulting work on a one time basis before ending consulting practice. Duties include holding employee meetings and reviewing union organizing, collective bargaining, benefits and pension, and strikes. Duties included advising supervisors and meeting with executives at the facility. Also, being available at the location for individual questions. Work has ended and my practice has closed.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: meetings- presented or co-chaired employee group meetings reviewed topics described above. Meetings lasted usually less than 45 minutes and were held in scheduled groups of 15-30 employees. Provided training and experience to front line managers on do's and don'ts of supervisory conduct during an election campaign.	
11.b. Period during which performed: April-May, 2006	11.c. Extent performed: ended
11.d. Name and address through whom performed: Name William Forbes Organization Allied Waste P.O. Box, Bldg., Room No., if any Street 1080 Airport Road City Fall River State Massachusetts ZIP Code + 4	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: Employees at Allied Waste location in Fall River, MA including drivers, welders, mechanics as specified in IBT, Local 251's filing.	12.b. Identify subject labor organizations: IBT, Local 251