U.S. Department of Labor Office of Labor-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.

1. File Number: c- 65 26 5				
Person Filing				
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Mark A Lema		Name		
Title Founder & CEO		Title		
Organization Lema & A Associates		Organization		
P.O. Box, Bldg., Room No., if any P.O Box 129		P.O. Box, Bldg., Room No., if any		
Street		Street		
City Burlington		City		
State New Jersey	ZIP Code + 4 08016	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangemen	·			
6. Full name and address of employer w	rith whom made (include ZIP Code):	7. Date entered into:		
Name Robert Baer		10 / 23 / 2014		
Organization Central Florida Equipment Rentals Inc		8. Name of person(s) through whom made:		
Trade Name, if any		Name Robert Baer		
P.O. Box, Bldg., Room No., if any		Name		
Street 9030 NW 79 Terrace		Name		
City Medley		Name		
State Florida	ZIP Code + 4 33178	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	14. Signed Treasurer (If other title, see		
Title President	instructions)	Title Treasurer instructions)		
On 11/21/2014 609	9-386-0944	On		
Date	Telephone Number	Date Telephone Number		

Filer: Mark Lema Lema & A Associates		File Number C-		
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):			
Verbal Agreement with LRI Consulting Services of a fixed fee per day per services, plus reasonable expenses.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Retained to conduct informational and educational meetings with employees, executives, managers and supervisors regarding their rights, duties and responsibilities under the National Relations Act and pertaining to the National Relations Board election procedures.				
11.b. Period during which performed: various days beginning 10/24/14	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Mark A Lema	Name			
Organization Lema & Associates	Organization			
P.O. Box, Bldg., Room No., if any PO BOx 129	P.O. Box, Bldg., Room No., if any			
Street	Street			
City Burlington	City			
State New Jersey ZIP Code + 4 08016	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:		
Heavy Equipment operators, Off Road and On Road Truck Drivers, Mechanics, Laborers, Welders and Pipelayers	Operating Engineer	rs		