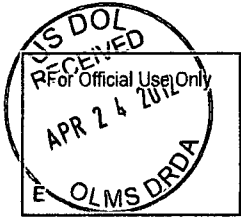


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

498 127
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 753

Person Filing

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

Name James Misercola

Title President

Organization Labor Educators

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

Street 325 walnut st.

City Bridgewater

State Massachusetts ZIP Code + 4 02324

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 / 12

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 Patrick Comparin

Organization Global Partners Bloomfield Foundry INC.

Trade Name, if any

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

Street 808 KARR AVENUE

City Bloomfield

State IOWA ZIP Code + 4 52537

7. Date entered into:

3 / 1 / 2012

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

Name Patrick Comparin

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

3/30/12

Date

7742712765

Telephone Number

On

Date

Telephone Number

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.):

Labor Educators provided consulting services for a fee of 1250.00 per day for 3/5 3/6 3/7 and on 3/9 provided services for 800.00

Specific Activities to be Performed

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

a. Nature of activity:

Meetings were held with employees to discuss basic rights under the NLRA, collective bargaining, and strikes.

11.b. Period during which performed:
March 5 6 7 and 9 2012

11.c. Extent performed:
Completed

11.d. Name and address through whom performed:

Name James Misercola

Organization Labor Educators

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

Street 325 Walnut St

City Bridgewater

State Massachusetts ZIP Code + 4 02324

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 of Bloomfield Foundry in Bloomfield, IA.

12.b. Identify subject labor organizations:

UFCW