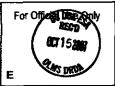
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



This report is mandatory under P.L. 88-257, 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- 00464 338602	Z					
Person Filing		2 4				
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:				
Name Marta De los Rios		Name				
Title Office Manager		Title				
Organization Labor Information Services, Inc.		Organization				
P.O. Box, Bldg., Room No., if any PO Box 6063		P.O. Box, Bldg., Room No., if any				
Street		Street				
City Malibu		City				
State California ZIP Code + 4 9	0265	State		ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:						
Dec / 7 a. Individual	b. Partnership	c.XCorpor	ration d. Other (Sp	pecify):		
		10.70				
Nature of Agreement or Arrangement						
6. Full name and address of employer with whom made (include ZIP Code):		7. Date ente		/ 17 / 200	7	
Name Doug Jahn		, , , ,				
Organization First Energy Corporation		8. Name of person(s) through whom made:				
Trade Name, if any			Name Doug Jahn			
P.O. Box, Bldg., Room No., if any			Name			
Street 76 South Main Street			Name			
City Akron		Name				
State Ohio ZIP Code + 4	44308	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.)						
	(If other title, see	14. Signed	Marta Do	LosTrois	Treasurer (If other title, see	
Title President	instructions)	Title	Othe: (Specify)	instructions)		
			Office Manager			
On 10/08/2007 310-589-5225	<u></u>	On	10/08/2007	310-589-5225		
Date Telephone Number			Date	Telephone Number		
form LM-20 (2003)					Page 1 of 2	

Filer: Marta De los Rios Labor Information Services,	Inc. File Number C- 00464						
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.):							
Starting 9/17/07 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.							
Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instruct	ions):						
a. Nature of activity:  To inform employees in the voting unit to exercise their right to choose whether or not they wish to							
be represented for the purposes of collective bargaining.							
11.b. Period during which performed:	11.c. Extent performed:						
9/17/07 until end of assignment	On-going						
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:						
Name Mark Eggert	Name						
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.						
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Rcom No., if any PO Box 6063						
Street	Street						
City Malibu	City Malibu						
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264						
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:						
All voting employees in the bargaining unit.							