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 08-31-2016.



I. File Number:

Person Filing

This report is mandatory under P.L. 86-257, as amended. Failure to compty 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.

2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title<sup>®</sup> Organization International Labor Relations Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 8086 South Yale Avenue Suite 225 Street City Tulsa City State Oklahoma. ZIP Code + 4 74136 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Dec Corporation d X Other (Specify): LLC Individual b. Partnership c. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2013 Name 8. Name of person(s) through whom made: Organization Scranton Dunlop Inc. Name Patrick Sandone Trade Name, if any Sandone Tire Care Care Center Name P.O. Box, Bldg., Room No., if any Name Street 531 North Main Street City Taylor Name State Pennsylvania ZIP Code + 4 18517 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 • C President 14 Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title 11/29/2013 800-555-7509 .11/29/2013 800-555-7509 Date Telephone Number Date Telephone Number Form LM-20 (2003) Page 1 of 2

File: «International Labor Relations	thile Number C-
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly of 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.):	
See attached agreement	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.	
11.b::Period during which performed:	11.c. Extent performed:
Beginning on or about 11/01/13	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Pinnacle Labor Relations	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1557 Countrywood Lane	·Street
City Escalon	City
State California ZIP Code + 4 95320	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	The International Brotherhood of Teamsters, Local 229
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