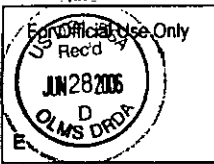


# FORM LM-20

## 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- 00532

Person Filing	
2. Name and mailing address (include ZIP Code):  Name John De Groot  Title  Organization CounterPoint  P.O. Box, Bldg., Room No., if any PO Box 1176  Street  City Glen Ellen  State California ZIP Code + 4 95442-1176	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 2742 Rollo Road  City Santa Rosa  State California ZIP Code + 4 95404-9522
4. Date fiscal year ends:  Dec / 6	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): Sole Proprietorship

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name Ernie B Jones  Organization Carpenter Specialty Alloys  Trade Name, if any Carpenter Technology  P.O. Box, Bldg., Room No., if any PO 14662  Street  City Reading  State Pennsylvania ZIP Code + 4 19612-4662	7. Date entered into: 5 / 23 / 2006  8. Name of person(s) through whom made:  Name Ernie B Jones  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 Sole Proprietor  On June 20, 2006 (707) 575-4835 Date Telephone Number	14. Signed _____ Title Treasurer  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.):

N/A

#### Specific Activities to be Performed

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

a. Nature of activity:

Meet with Production and Maintenance employees to discuss the risks and obligations of union representation.

11.b. Period during which performed:  
May 23- June 15, 2006

11.c. Extent performed:  
Concluded

11.d. Name and address through whom performed:

Name Chris Borruso

Organization Axiomatix

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

Street 323 Mariners Way

City Copiague

State New York ZIP Code + 4 11726

Additional Name and address through whom performed, if any:

Name Pat Grossi

Organization

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

Street 126 Brookmoor Road

City West Hartford

State Connecticut ZIP Code + 4 06107

12.a. Identify subject groups of employees:

Production and Maintenance employees at the employers facilities in Reading, PA

12.b. Identify subject labor organizations:

USWA

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

Meet with Production and Maintenance employees to discuss the risks and obligations of union representation.

11.b. Period during which performed:  
May 23- June 15, 200611.c. Extent performed:  
Concluded

11.d. Name and address through whom performed:

Name Steve Jones

Organization

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

Street 110 West Bay View Drive

City Annapolis

State Maryland ZIP Code + 4 21403-3805

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

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

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:

Production and Maintenance employees at the employers facilities in Reading, PA

12.b. Identify subject labor organizations:

USWA