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 12-31-2010

3. Any other address where records necessary to verify this report are kept:



C- 00464

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

1. File Number:

Person Filing

Marta

Name

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.

Name

434398

De los Rios

Title Office Manager		Title			
Organization Labor Information Services		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 90265	State		ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:				
Dec / 10	a. Individual b. Partnership	c. Corpo	oration d. Other (Sp	pecify):	
Nature of Agreement or Arrangemen	t				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 4 / 19 / 2010			
Name Vincent J Cimino		8. Name of person(s) through whom made:			
Organization Roadlink					
Trade Name, if any Roadlink - P	uyallop, WA	Name Vincent Cimino			
P.O. Box, Bldg., Room No., if any		Name			
Street 1240 Win Drive		Name			
City Bethlehem		Name			
State Pennsylvania	ZIP Code + 4 18017	Name			
	Signa	tures			
Each of the undersigned declares, under the information contained in any accommune, correct, and complete. (See Section	er penalty of perjury and other applicable panying documents) has been examined on VII on penalties in the instructions.)	penalties of l by the signa	aw, that all of the informatory and is, to the best of	ation submitted in this re f the undersigned's know	port (including rledge and belief,
13. Signed Jauck Bur	President (If other title, see	14. Signed	Warfer !	2630.00	Treasurer (If other title, see
Title President	instructions)	Title	Other (Specify)		instructions)
			Office Manager		
On 09/28/2010 310	0-589-5225	On	09/28/2010	310-589-5225	
Date	Telephone Number		Date	Telephone Number	
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Filer:	Marta De los Rios	Labor Information Services	File Number C- 00464

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 4/19/10 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 number 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 instructions):
  - 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:			
4/19/10 until end of assignment	On-going			
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Chuck Ahern	Name Cesar Lopez			
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., Room No., if any PO Box 6063			
Street	Street			
City Malibu	City Malibu			
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264			
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All voting employees in the bargaining unit.				

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