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 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C 75 2					
Page 2 Pillag					
Person Filing 2. Name and mailing address (include Z	IP Code):	3. Any other address where records necessary to verify this report are kept:			
	·	Name	"		
Name Eric J Vanetti					
Title Owner		Title			
Organization Vantage Point Alliance		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 18632 River Crossing Blvd.		Street			
City Davidson		City			
State North Carolina	ZIP Code + 4 28036	State ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:	- 1			
Dec / 31	Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):				
Nature of Agreement or Arrangemen	rt				
6. Full name and address of employer w	rith whom made (include ZIP Code):	7. Date entered into: 6 / 24 / 2013			
Name Ron Has	singer				
Organization Caterpillar Comp	any	8. Name of person(s) through whom made:			
Trade Name, if any		Name Ron Hasinger			
P.O. Box, Bidg., Room No., if any		Name			
Street 101 N.E. Adams Street		Name			
City Peoria		Name			
State Illinois	Illinois ZIP Code + 4 61629 Name				
Signatures					
Each of the undersigned declares, under the information contained in any account true, correct, and complete. (See Section 13. Signed Sole Proprietor	panving documents) has been examined	the penalties of law, that all of the information submitted in this report (including ed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signature of the signature of the undersigned in this report (including ed by the signature). Treasurer (If other title, signature).	ief,		
	4-804-1625	On			
Date	Telephone Number	Date Telephone Number			
Form LM-20 (2003)					

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Vantage Point Alliance

File Number C-

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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.):				
Through verbal agreement with LRI Consulting Services, \$1,500 / day plus reimbursement for reasonable travel expenses.					
	:				
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	tions):				
a⊬Nature of activity:					
Conduct pre-petition meetings with various Caterpillar hourly employees to educate them on their rights and the implications of signing a union authorization card.					
11.b. Period during which performed:	11.c. Extent performed:				
Various days beginning 6/25/2013	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Philip B Wilson	Name				
Organization LRI Consulting Services	Organization				
P.O. Box, Bldg., Room No., if any One LRI Plaza	P.O. Box, Bldg., Room No., if any				
~Street ~7850 - South Elm -Place	Street				
City Broken Arrow	City				
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Hourly employees					