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 09-30-2021



For this report is mandatory under P.L. 86-257, as amended. Fa	illure to comply may result in criminal prosecution, fines, or civil 305; 1640.			
penalties as provided by 29 U.S.C. 439 or 440. Required of p	persons, including labor relations consultants and other individuals and other individuals are seen that the seen			
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READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.			
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Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Ben Johnson	Name			
Title Presit	Title			
Organization Progressive Labor Soldier,	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any			
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City Barre	City See See See See See See See See See Se			
State VT ZIP Code + 4 05641	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:	L			
12 /3/ a. Individual b. Partnership	c. Corporation d Other (Specify):			
and the same of the commencer of the com				
Nature of Agreement or Arrangement	harrage is fair we comed harroar all a			
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:			
Name Tits Medica Conter as a conter				
Organization	8. Name of person(s) through whom made:			
Trade Name, if any	Name Zacking Red mond			
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P.O. Box, Bldg., Room No., if any Street 800 Was in ten 54	Name			
city 1505 to 9	Name . no			
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	tures			
Each of the undersigned declares, under penalty of penalty of penalty and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on genalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,			
13. Signed President	14. Signed Treasurer			
(If other title, see instructions)	(If other title, see instructions)			
Title President	Title Treasurer			
, ,				
on 12/1/19 802-825-5864	On			
Date / Telephone Number	Date Telephone Number			

Filer: Progressive	Labor Suluti	aus-Will	FORM	File Number C-	6805:40		
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9.Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:							
a. XTo 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.):							
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Specific Activities to be Performe	, Room No. 1 day be	P.C. Bra. Brdg		Vna '	आण्या (जस्य १८४)		
11. For each activity, separately li		• •	•		Street .		
a. Nature of activity:	cational meetry	regarly	LRA		£ 00		
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	Experience		With the second		<u> </u>		
11.b. Period during which perform	ned:	and the second real of the second real	11.c. Extent performed:	A Recovery 9 to	n francisco communication and construction		
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11.d. Name and address through	whom performed:		Additional Name and addres	s through whom per	formed, if any:		
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State WA	ZIP Code + 4	03111	State	ZIF	2 Code + 4		
12.a. Identify subject groups of employees: գուրանություն է երել որ թետ իր բետելություն (III) ը (dentify subject Jabor organizations: թետերի թետ թետերի ության ության հարարական է ության հարարական է ության հարարական հ							
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