

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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)

1004495

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- ~~1000~~ 106763

Person Filing

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

Name Alfonso Raymundo

Title ~~Executive~~ President

Organization ACTS Management

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

Street 1868 Santa Ana

City Clovis, CA

State ZIP Code + 4 93611

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

City

State ZIP Code + 4

4. Date fiscal year ends:

12 / 13

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name ~~Matthew Aneigh~~ Matt Aneigh

Organization Teld-Wen, Towanda, PA

Trade Name, if any

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

Street ~~825 Shiner Rd.~~ 825 Shiner Rd.

City ~~Towanda~~ Towanda 18848

State PA ZIP Code + 4 ~~18848~~

7. Date entered into:

3 / 25 / 2013

8. Name of person(s) through whom made:

Name

Name

Name

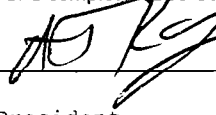
Name

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 III on penalties in the instructions.)

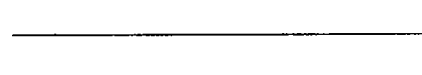
13. Signed



President
(If other title, see instructions)

Title President

14. Signed



Treasurer
(If other title, see instructions)

Title Treasurer

On

3/31/13

Date

559-292-3702

Telephone Number

1/24/16

Resubmit

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.):

paid hourly; expenses reimbursed.

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 of their section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name *Lupe Cruz*

Organization *Cruz and Associates*

P.O. Box, Bldg., Room No., if any *P.O. Box 1831*

Street

City *Upland*

State *CA* ZIP Code + 4 *91785*

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 Unit

12.b. Identify subject labor organizations: