

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

For Official Use Only

MAY 19 2006

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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- 609

Person Filing

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

Name JACK CASSARI
Title PRESIDENT / Sole Proprietor
Organization SAGE LABOR RELATIONS INC
P.O. Box, Bldg., Room No., if any P.O. BOX 20439
Street FOUNTAIN AVE
City B3
State 85269
ZIP Code + 4 0439

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

Name SAME AS #2
Title
Organization
P.O. Box, Bldg., Room No., if any
Street SAME AS #2
City
State
ZIP Code + 4

4. Date fiscal year ends:

12/31

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
Organization PEORIA DISPOSAL COMPANY
Trade Name, if any AREA DISPOSAL
P.O. Box, Bldg., Room No., if any #9071
Street 4700 N. STERLING AVE.
City PEORIA,
State IL
ZIP Code + 4 61612-9071

7. Date entered into:

4/17/06

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

Name MR. ROYAL COUNTELL
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

JACK CASSARI
Title PRESIDENT / Sole Proprietor

President
(If other title, see
instructions)

14. Signed

NA
Title Treasurer

Treasurer
(If other title, see
instructions)

On 5/13/06 480-586-5050
Date Telephone Number

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.).

Verbal Agreement with Client, no terms or conditions @ \$1200 Daily or \$150 per hour.

Specific Activities to be Performed

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

a. Nature of activity:

To provide service to client as described in Section 9(a) above.

11.b. Period during which performed:

11.c. Extent performed

11.d. Name and address through whom performed:

Name: *JOCK CASAREI*
 Organization: *State Labor Relations Inc*
 P.O. Box, Bldg., Room No., if any: *P.O. BOX 20439*
 Street: *Sumner St*
 City: *St*
 State: *85269*
 ZIP Code + 4: *0439*

Additional Name and address through whom performed, if any:

Name: *SAME AS 11 (d)*
 Organization:
 P.O. Box, Bldg., Room No., if any:
 Street:
 City:
 State:
 ZIP Code + 4:

12.a. Identify subject groups of employees:

All Potomac Organizing Unit described in Requisite Petition filed with NLRB

12.b. Identify subject labor organizations:

I.B.T.