

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 11-30-2009



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: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Olivia Bell Name Title Title Office Manager Organization Oliver J. Bell & Associates Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 13449 Dulles Avenue Street City Austin City State Texas ZIP Code + 4 78729 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Partnership c. Corporation d. Other (Specify): Dec Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2009 Name Erick Finley 8. Name of person(s) through whom made: Organization Finley Asphalt & Sealing Name Erick Finley Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 9105 Industry Drive City Manassas Park Name ZIP Code + 4 State Virginia 20111 Name **Signatures** Each of the undersigned declares, under benefty of perjury and other applicable penalties of law, that all of the information submitted in his 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 (Sep Section VIII of penalties in the instructions.) to the best of the undersigned's knowledge and belief, President 14. Signed 13. Signed Treasurer (If other title, see (If other title, see

instructions)

512-249-6200

Telephone Number

Treasurer

9/1/2009

Date

Title

Title

President

9/1/2009

Date

instructions)

512-249-6200

Telephone Number

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1	Filer: Olivia Bell	Oliver J. Bell & Associates	File Number C-

9. Check t	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.):

To provide information to employees on labor relations issues. Meet with small groups of employees up to 16 hours per week to communicate with employees regarding their right to exercise or not exercise their right to support or nhot support a labor organization. There was no written agreement.

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization.

1.b. Period during which performed:	11.c. Extent performed:	
8/6-8/15	Complete	
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
ame Manuel Gonzalez	Name	
rganization Oliver J. Bell & Associates	Organization	
O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
treet 13449 Dulles Avenue	Street	
ty Austin	City	
ate Texas ZIP Code + 4 78729	State ZIP Code + 4	
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
ll construction service workers at the mployer's Manassas Park, VA		