U.S. Divinitment 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

	vided by 29 U.S.C. 439 or 440. Required of p ons, Under Section 203(b) of the Labor-Manag			
	AD THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
MDTRE	501632			
1. File Number: C-772				
Person Filing				
2. Name and mailing address (include ZII	Code):	3. Any other address where records r	necessary to verify this report are kept:	
Name Jose Salgado		Name		
Title		Title		
Organization	I	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 2232 EAST LIPS	भ ध्यायका	Street		
City TAMPA		City		
State FL	ZIP Code + 4 336Φ5	State	ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Spe	cify):	
		·		
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:				
Name Jusephine Zamoza Organization Employee Soluti	4 (FOR PAIM BOACH)	8. Name of person(s) through whom n		
Organization Employee Soluti	ar, I'm WETRO TRANSPORTATION	Name		
Trade Name, if any	-	Name		
P.O. Box, Bldg., Room No., if any		Name		
Street P.O. Box 67166		Name		
city Albuquerque		Name		
State New Mexico	ZIP Code + 4 87/93	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	President (If other title, nee	14. Signed	Treasurer	
Title President	(If other title, see instructions)	Title Treasurer	(If other title, see instructions)	
On <u>O6/07/2017</u> 23	9-823-5/03 Telephorje Number	On Date	Telephone Number	

<u> </u>				
Filer Jose SALGARY	File Number C-			
<u> </u>				
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.):				
	<i>.</i>			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
TO EDUCATE EMPLOYEES ABOUT THEIR RIGHTS WHORE THE NATIONAL LABOR PRIATION ACT TOFORM,				
JOIN OR ASSIST LABOR OREMNIZATIONS, TO BARGIN COllectively OR ENGAGE IN OTHER ACTIVITY				
FOR THEIR MUTUAL AID AND PROTECTION, AND THE RIGHT TO ROFRAIN FROM DOING SO. TO ENHAGE				
'				
THE BUSINESS LITERACT OF THE WORKFORDE AND ENCOURAGE EMPLOYEES TO BE INFORMED AND VOTE.				
11.b. Period during which performed:	11.c. Extent performed:			
JUN 2007	COMPLETED			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name JOSE SALGADO	Name			
Organization EMPloyee Solutions, inc.	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street P.O. BOX 67166	Street			
City ALBUGUER QUE	City			
State New Mexico ZIP Code + 4 87193	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
	:			
All Employees Eligible To Be is A	AMALGAMATED TRANSIT UNION			
BARGAINE UNIT				
The state of the s				

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