

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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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.

446030

1. File Number:

000532
532

Person Filing

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

Name **BERNARD J. LISHINSKY**

Title **CONSULTANT**

Organization **ben**

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

Street **11171 E. BECK LANE**

City **SCOTTSDALE**

State **ARIZONA**

ZIP Code + 4 **85255-1826**

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

Name **JOHN de GROOT**

Title

Organization **COUNTERPOINT**

P.O. Box, Bldg., Room No., if any **1176**

Street

City **GLAN ELLEN**

State **CALIFORNIA**

ZIP Code + 4 **95448-1176**

4. Date fiscal year ends:

12 / 08

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 **CHARLES S. BIRNBAUM**

Organization **WINSTON & STRAWN, LLP**

Trade Name, if any

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

Street **101 CALIFORNIA STREET**

City **SAN FRANCISCO**

State **CALIFORNIA**

ZIP Code + 4 **94111-5844**

7. Date entered into:

10 / 1 / 08

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

Name **CHARLES S. BIRNBAUM**

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

Title **CONSULTANT**

President
(If other title, see
instructions)

14. Signed

Title **Treasurer**

Treasurer
(If other title, see
instructions)

On

3/4/11
Date

(480) 213-6713
Telephone Number

On

Date

Telephone Number

Filer: **BERNARD J. LISHINSKY**

File Number C- **00532**

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.):

FOR A RETAINER FEE OF \$2,000 PER ~~DAY~~ ^{WEEK}, ASSISTED WINSTON & STRAWN AND CLINT CALPINE IN MIDDLETOWN, CA TO INFORM EMPLOYERS OF THEIR RIGHTS UNDER THE NLRA, AND ON THE POTENTIAL CONSEQUENCES OF UNION REPRESENTATION.

Specific Activities to be Performed

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

a. Nature of activity:

MEET WITH CALPINE EMPLOYERS AT THE GREYERS SITE IN SONOMA COUNTY, TO DISCUSS UNION REPRESENTATION AND THE PROCESS FOR RECOGNITION UNDER THE NLRA.

11.b. Period during which performed:

10/14/08 - 02/02/08

11.c. Extent performed:

ENDED 11/02/08

11.d. Name and address through whom performed:

Name **BERNARD J. LISHINSKY**
 Organization
 P.O. Box, Bldg., Room No., if any
 Street **11171 E. BECK LANE**
 City **SCOTTSDALE**
 State **ARIZONA** ZIP Code + 4 **85265-1826**

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:

EMPLOYEES IDENTIFIED IN NLRA CASE 20-RL-18202, AT CALPINE - THE GREYERS, MIDDLETOWN, CALIFORNIA.

12.b. Identify subject labor organizations:

LOCAL 1245 IBEW