

# 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 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.

507372

1. File Number: C-36937-782

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Jon Austin  Title Self-Employed  Organization J. Austin & Associates  P.O. Box, Bldg., Room No., if any  Street 4828 Queen Avenue South  City Minneapolis  State Minnesota <input checked="" type="checkbox"/> ZIP Code + 4 55410-1907	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 <input checked="" type="checkbox"/> ZIP Code + 4
4. Date fiscal year ends:  Dec <input checked="" type="checkbox"/> / 12	5. Type of person:  a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name John Vecere  Organization Mauer Chevrolet  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 1055 Minnesota 110  City Inver Grove Heights  State Minnesota <input checked="" type="checkbox"/> ZIP Code + 4 55077	7. Date entered into: 10 / 15 / 2012  8. Name of person(s) through whom made:  Name John Vecere  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 [Signature]  
  
Title Sole Proprietor ☒

President  
(If other title, see  
instructions)

14. Signed n/a  
  
Title d ☒

Treasurer  
(If other title, see  
instructions)

On 11-12-2012 612-839-5172  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number



My dear Sir,  
I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Your obedient servant,  
J. H. [Name]

Very truly yours,  
J. H. [Name]

Enclosed for you are the following documents:

Yours very truly,  
J. H. [Name]

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.):

A verbal agreement to meet with 11 employees in three meetings held October 15, 2012 in exchange for an hourly rate of \$300.

#### Specific Activities to be Performed

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

a. Nature of activity:

To discuss my experience working with the International Association of Machinists and my experience working with small, family-owned businesses.

11.b. Period during which performed:

Approx. 10 am - 1 pm on 10/15/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Jon Austin

Organization J. Austin & Associates

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

Street 4828 Queen Avenue South

City Minneapolis

State Minnesota ☒ ZIP Code + 4 55410-1907

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:

Mechanics employed by Mauer Chevrolet

12.b. Identify subject labor organizations:

Machinists AFL-CIO District Lodge 77