

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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- 699

Person Filing	
2. Name and mailing address (include ZIP Code): Name Shawn J Benninghoff Title Maintenance supervisor Organization Comcast Communications, LLC P.O. Box, Bldg., Room No., if any Building 1A Street 183 Spring Run Rd Ext City Coraopolis State Pennsylvania ZIP Code + 4 15108	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 ZIP Code + 4
4. Date fiscal year ends: Dec / 31	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 Andrew Topping Organization Comcast Cable Communications, LLC Trade Name, if any P.O. Box, Bldg., Room No., if any Street Comcast Center, 1701 JFK Boulevard City Philadelphia State Pennsylvania ZIP Code + 4 19103	7. Date entered into: 9 / 2 / 2008 8. Name of person(s) through whom made: Name Andrew Topping Name Jennifer Stambaugh 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] President
(If other title, see instructions)
Title Other (Specify)
Comcast employee

On 6/22/2010 7247840900
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

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.):

Indirectly paid to vendors for travel expense and compensation was normal salary wages.

9/02/2008 - 9/3/2008 Airfare, Hotel, Meals and compensation = \$946.00

11/18/2008 - 11/20/2008 Airfare, Hotel, Meals and compensation = \$1426.00

Specific Activities to be Performed

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

a. Nature of activity:

Meetings to share information with employees about my experience regards to a certification elections.

11.b. Period during which performed:

9/2/2008

11.c. Extent performed:

11/20/2008 Completed

11.d. Name and address through whom performed:

Name Comcast Employees

Organization Comcast Cable Communications, LLC

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

Street Comcast Center, 1701 JFK Boulevard

City Philadelphia

State Pennsylvania ZIP Code + 4 19103

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 of Comcast technical group

12.b. Identify subject labor organizations:

CWA