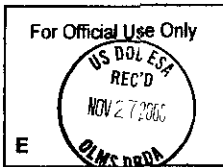


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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- 00464


302530


Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Marta De los Rios
Title	Office Manager
Organization	Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any	PO Box 6063
Street	
City	Malibu
State	California
ZIP Code + 4	90265
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:	5. Type of person:
Dec / 6	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" 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	Kyle Davis
Organization	TXU Electric Delivery Company
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Suite 34052
Street	1601 Bryan Street
City	Dallas
State	Texas
ZIP Code + 4	75201-3411
7. Date entered into: 10 / 10 / 2006	
8. Name of person(s) through whom made:	
Name	Kyle Davis
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 President
President
(If other title, see instructions)

14. Signed 
Title Other (Specify)
Office Manager
Treasurer
(If other title, see instructions)

On 11/15/2006 310-589-5225
Date Telephone Number

On 11/15/2006 310-589-5225
Date Telephone Number