MIS WILLIAM	
O Miles riport is mandatory under P.L. 86-257 as amended. Failure to comply in criminal prosecution, fines and civil penalties as provided by 29 U.S.	
Required of Persons, including Labor Relations Consultants and Other Individuals an Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 198	d Organizations
A. Person Filing	340 920
	ny other address where records necessary to verify this report are kept:
Date fiscal year ends: 4. Type of person:	•
12-31 a. 🗆 Individual b. 🗆 Partnershi	p c. 🖳 Corporation d. 🖸 Other (Specify):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include ZiP code):	6. Date entered into:
TELECTRE CORP. THERITAGE PHIS 1080 MARINA VIII AZE PKEY. STE. 100	8/2007
	8,2007 7. Names of persons through whom made:
Alameda, ca. 94501	CAROL CAPUTO
8. Check the appropriate box to indicate whether an object of the activities under a. 29 To persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees.	ployees as to the manner of exercising, the right to organize and bargain
 D. Co supply an employer with Information concerning the activities of employer, except information for use solely in conjunction with ceeding. 	
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (See Part C-	10 of Instructions):
a. Nature of activity:	
Held meetings with employees, showed on union. Used union documentation	
b. Period during which performed: c. Extent performed:	
(8/2007) 8-8-07 To 8/28/07 MTRS HELD	WITH EMPloyees
d. Names and addresses of persons through whom performed: GUS FIORES Address same as #1	
11. Identify (a) Subject employees, groups of employees, and (b) labor organization	ins:
D. Verification and Signature. The person in item 1 above and each of his und tormation in this report, including all attachments incomparated therein or referred knowledge and belief, true, correct, and complete.	ersigned authorized officers declares, under penalty of law, that all in- d to in this report, has been examined by him and is, to the best of his
Signed: Signed Vices President Signe	d: Treasurer
	er title, cross out and write in correct title above.)
City State Date	City State Date

at: ANAHEIM

on: