U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009



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 US Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title Organization Int'l Union of Operating Engineers, 564 Organization P.O. Box, Bldg., Room No., if any $Suite\ A$ P.O. Box, Bldg., Room No., if any Street 127 Circle Way Street City Lake Jackson City State Texas ZIP Code + 4 77566 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Partnership c. Corporation (IX) Other (Specify): Non Profit-Labor Org Individual b. **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2007 8. Name of person(s) through whom made: Organization Williams, Kherkher, Hart, Boundas, LLP Name Jim Hart Trade Name, if any Name P.O. Box, Bldg., Room No., if any Suite 600 Name Street 8441 Gulf Fwy

Signat	tures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	
13. Signed President (If other title, see instructions)	Treasurer (If other title, see instructions)
On 9/4/08 909 480-0003 Telephone Number	On <u>9-4-08</u> <u>979 480 0003</u> Date Telephone Number

ZIP Code + 4 77017-5051

Name

Name

City Houston

State Texas

Filer: Int'l Union of Operating Engineers, 564		File Number C-

Check the appropriate box to indicate whether an object of the activities under	taken, 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.		
<u></u>		
 Terms and conditions (Explain in detail; see instructions. Written agreements) 	must be attached.):	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruction)	ons):	
a. Nature of activity:		
Meetings to review pending grievances against Dow Chemical Co.		
At h David during which as formal	44 - 54-4	
11.b. Period during which performed: 1/8, 2/23, 4/26, 5/17/2007	11.c. Extent performed: some compilete	some still pending
11.d. Name and address through whom performed:		s through whom performed, if any:
Name Jim Hart	Name	
Organization Williams, Kherkher, Hart, Boundas LLP	Organization	
·	_	if an.
P.O. Box, Bldg., Room No., if any Suite 600		
Street 8441 Gulf Fwy	Street	
City Houston	City	
State Texas ZIP Code + 4 77017-5051	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:
Ronnie Orsak	Int'l Union of Ope	erating Engrs., Local 564

Specific Activities to be Performed (Continuation Page)

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

Firm represented Local 564 in arbitration against Dow Chemical Co. relating to a grievance for the termination of a union member

11.b. Period during which perform 2/5,2/13,2/15, 3/8		11.c. Extent performed: completed		
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:		
Name Jim	Hart	Name		
Organization Williams, Kho	erkher, Hart, & Boundas, LLP	Organization		
P.O. Box, Bldg., Room No., if any	Suite 600	P.O. Box, Bldg., Room No., if any		
Street 8441 Gulf Fwy		Street		
City Houston		City		
State Texas	ZIP Code + 4 77017-5051	State	ZIP Code + 4	
dditional Name and address thro	ugh whom performed, if any:	Additional Name and addres	ss through whom performed, if any:	
lame		Name		
organization		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street		Street		
ity		City		
State	ZIP Code + 4	State	ZIP Code + 4	
12.a. Identify subject groups of em	ployees:	12.b. Identify subject labor of	organizations:	
Raymond Cain Ronnie Orsak		Int'l Union of Ope	erating Engineers, Local 564	
		;		

Specific Activities to be Performed (Continuation Page)

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

Meeting to discuss contract issues between Local 564 and Lyondel PUC

11.b. Period during which pe 7/30/2007	erformed:	11.c. Extent performed:	•		
11.d. Name and address through whom performed: Name Jim Hart Organization Williams, Kherkher, Hart, Boundas, LLP P.O. Box, Bldg., Room No., if any Suite 600 Street 8441 Gulf Fwy		Additional Name and address through whom performed, if any:			
		Name			
		Organization			
		P.O. Box, Bldg., Room N	P.O. Box, Bldg., Room No., if any		
		Street			
City Houston		City			
State Texas	ZIP Code + 4 77017-5051	State	ZIP Code + 4		
dditional Name and addres	s through whom performed, if any:	Additional Name and add	dress through whom performed, if any:		
Name		Name			
Organization P.O. Box, Bldg., Room No., if any		Organization P.O. Box, Bldg., Room No., if any			
					Street
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups	of employees:	12.b. Identify subject lab	por organizations:		
Ronnie Orsak		Int'l Union of	Operating Engrs, Local 564		
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Specific Activities to be Performed (Continuation Page)

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

Meeting to discuss NLRB charges agains Dow Chemical

Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any	
Organization	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
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.b. Identify subject labor organizations:	
Int'l Union cf Operating Engrs.,Local 564	

Specific Activities to be Performed (Continuation Page)

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

Meeting with union member in preparation for an upcoming arbitration against Dow Chemical

11.b. Period during which	performed:	11.c. Extent performed:			
11/19/07 11.d. Name and address through whom performed:		completed	·		
		Additional Name and ad			
Name		Name			
Organization		Organization	Organization		
P.O. Box, Bldg., Room N	o., if any	P.O. Box, Bldg., Room	P.O. Box, Bldg., Room No., if any		
Street		Street			
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
Additional Name and add	ess through whom performed, if any:	Additional Name and ad	dress through whom performed, if any:		
Name		Name	Name		
Organization P.O. Box, Bldg., Room No., if any		Organization	Organization P.O. Box, Bldg., Room No., if any		
		P.O. Box, Bldg., Room N			
Street		Street	Street		
City		City			
State	ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject grou	ps of employees:	12.b. Identify subject lat	por organizations:		
Ronnie Orsak		Int'l Union of	Operating Engrs., Local 564		

Specific Activities to be Performed (Continuation Page)

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

Donated two television to be raffled at the Local's annual union BBQ

11.b. Period during which performed:	11.c. Extent performed:	
5-16-07	completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Jim Hart	Name	
Organization Williams, Kherkher, Hart, Boundas, LLP	Organization	
P.O. Box, Bldg., Room No., if any Suite 600	P.O. Box, Bldg., Room No., if any	
Street 8441 Gulf Fwy	Street	
City Houston	City	
State Texas ZIP Code + 4 77017-5051	State ZIP Code + 4	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Roo/n No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Union Membership and retirees	Int'l Union of Operating Engrs, Local 564	