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 or 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- 624 330510			
Person Filing			
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Alfonso Cornejo		Name	
O en la t		Title	
Organization AC & Consulting Associate LLC			
Organization A C C C C C C C C C C C C C C C C C C		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 625 Edan Park Dr		Street	
city Cinginati		City	
State OH	ZIP Code + 4 45202	State 7IP Code + 4	
- Ctate		State ZIP Code + 4	
Date fiscal year ends;	5. Type of person:		
Dec /31	a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	
Name Anthony Miller		8. Name of person(s) through whom made:	
Organization J N N CO N		Name Anthony Miller	
Trade Name, if any			
P.O. Box, Bldg., Room No., if any		Name	
Street 5235 Montsoney Road		Name	
City Concounct.		Name	
State 614	ZIP Code + 4 4 7 2 1 2	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	President (If other title, see	14. Signed Treasurer (If other title, see	
Title President (1) instructions)		Title Treasurer instructions)	
on June 4, 2007 (1823-836 (812	On	
Date	Telephone Number	Date Telephone Number	
LM 00 (0000)			

Filer:	File Number C-		
S. 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.):			
Monso Cornejo is president of the Hispanic Charles of Connece			
of Greater Gramat.			
Jancoa is a platinin melsor from the organization.			
PRO-BONO Talks			
•			
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
- Talk in Spraigh to Januaris employees.			
. Sharing the fait that Januar was seasoned by our charbor			
a overthe best compared in Granniti			
11.b. Period during which performed:	11.c. Extent performed:		
4ug-00 2004	INTORMAL TALKS IN SPANISH		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name	Name		
Organization $\frac{1}{16}$ $\sim 5^3$	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Organization P.O. Box, Bldg Room No., if any but were Street City State The Code + 4 12.a. Identify subject groups of emptoyees:	Street		
City Gold Like	City		
State AVANA TIP Code + 4			
JAV. 211 0000 14	State ZIP Code + 4		
12.a. Identify subject groups of emptoyees:	12.b. Identify subject labor organizations:		
- Jancon Exployeen	_ None.		
,			