

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

For Official Use Only

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U.S. DOL  
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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.

448404

1. File Number: c 727

### Person Filing

2. Name and mailing address (include ZIP Code):

Name DAVID COX

Title

Organization

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

Street 40021 LEGEND DRIVE

City ROCKLIN

State CA ZIP Code + 4 95765

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. ☒ 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):

Name

Organization CALPINE - THE BEYSERS

Trade Name, if any

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

Street 50 West San Fernando St

City SAN JOSE

State CA ZIP Code + 4 95113

7. Date entered into:

10 / 14 / 2008

8. Name of person(s) through whom made:

Name John De Groot

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

*David Cox*

President  
(If other title, see  
instructions)

Title Proprietor

14. Signed

Treasurer  
(If other title, see  
instructions)

Title d

On 3/14/11

Date

916-791-4644

Telephone Number

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.):

ORAL Agreement for services rendered on project completion.

Specific Activities to be Performed

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

a. Nature of activity:

Met with employees at the Geysers to discuss union representation collective bargaining, and procedures for voting.

11.b. Period during which performed:

OCT 14 - NOV 12, 2008

11.c. Extent performed:

concluded

11.d. Name and address through whom performed:

Name DAVID COX

Organization

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

Street 40021 LEGEND DR.

City ROCKLIN

State CA ZIP Code + 4 95765

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 in NLRB CASE 20-RC-18202

12.b. Identify subject labor organizations: