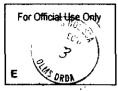
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 88-257, 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 325170			
Person Filing			
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:	
Name Marta I	De los Rios	Name	
Title Office Manager		Title	
Organization Labor Information Services, Inc.		Organization	
P.O. Box, Bldg., Room No., if any PO Box 6063		P.O. Box, Bldg., Room No., if any	
Street		Street	
City Malibu		City	
State California	ZIP Code + 4 90265	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:			
Dec / 7	a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 3 / 27 / 2007	
Name Ryan McGraw		Name of person(s) through whom made:	
Organization Cardinal Health			
Trade Name, if any		Name Ryan McGraw	
P.O. Box, Bldg., Room No., if any		Name	
Street 7000 Cardinal Place		Name	
City Dublin		Name	
State Ohio	ZIP Code + 4 43017	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 Water Luss Kits Treasurer (If other title, see	
Title President	instructions)	Title Other (Specify) instructions)	
		Office Manager	
On 4/24/2007 310	0-589-5225	On 4/24/2007 310-589-5225	
Date	Telephone Number	Date Telephone Number	

#iler: Marta De los Rios Labor Information Services,	Inc. File Number C- 00464	
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:	
To persuade employees to exercise or not to exercise, or persuade encollectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain	
	ployees or a labor organization in connection with a labor dispute involving n administrative or art itral proceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):	
Starting March 27, 2007 until the assignment ends conducting meetings with employees in the voting be authorization cards and voting in the upcoming electric work assignment. Billing of time and expenses agreement as to a maximum billable amount.	argaining unit to discuss the realities of signing ction. There is no maximum of hours allocated to	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity: To inform employees in the voting unit to exercise be represented for the purposes of collective barga		
441.6 : 14 : 1244		
11.b. Period during which performed: 3/27/07 until end of assignment	11.c. Extent performed: On-going	
11.d. Name and address through whom performed: Name Chuck Ahern	Additional Name and address through whom performed, if any: Name	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063	
Street	Street	
City Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.		