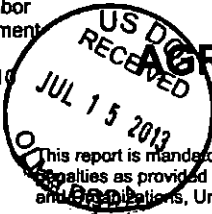
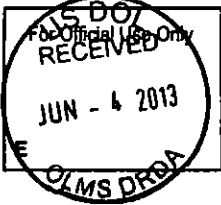


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

532098

1. File Number: c-65571

Person Filing

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

Name Steve Maritas

Title Labor Relations Consultant

Organization

P.O. Box, Bldg., Room No., if any 33151

Street

City Bloomfield Hills

State Michigan

☒ ZIP Code + 4 48303

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 Thor Catalogne

Organization PTS of America, LLC

Trade Name, if any

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

Street PO BOX 121591

City Nashville

State Tennessee

☒ ZIP Code + 4 37212

7. Date entered into:

5 / 1 / 2013

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

Name

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

President
(If other title, see
instructions)

Title

14. Signed

Treasurer
(If other title, see
instructions)

Title

On 5/28/2013

Date

1-800-212-2640

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.):

Verbal agreement to be paid by the day as needed. Expenses reimbursed.

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees of their section 7 rights and to answer questions regarding collective bargaining.

11.b. Period during which performed:

5/1/2013 to 5/16/2013

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Steve Maritas

Organization Labor Relations Consultant

P.O. Box, Bldg., Room No., if any 33151

Street

City Bloomfield Hills

State Michigan ☐ ZIP Code + 4 48303

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:

PTS Detention Officers in Arizona

12.b. Identify subject labor organizations:

A Labor Organization calling itself SPFPA.