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. 1245-0003
Expires 08-31-2016



C-

1. File Number:

66018

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)

602/38

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing				
2. Name and mailing address (include 2	ZIP Code):	3 Any other address whore records		
Name Charles R Stephenson		Any other address where records necessary to verify this report are kept: Name		
Title Member		Title		
Organization CRS Labor Relations Solutions		Organization		
P.O. Box, Bldg., Room No., if any Suite M		P.O. Box, Bldg., Room No., if any		
Street 1500 E. Katella Ave.		Street		
City Orange		City		
State California ZIP Code + 4 92867		State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Notice of Agreement of				
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code): Name		7. Date entered into: 5/3//4		
Organization		8. Name of person(s) through whom made:		
Trade Name, if any CommFed Solutions		Name Paul Tyshing		
P.O. Box, Bldg., Room No., if any STE. 2700		Name		
Street 111S. Calvert St.		Name		
City Baltimore		Name		
State Maryland	ZIP Code + 4 21202	Name		
Signatures				
tide, correct, and complete. (See Section	penalty of perjury and other applicable panying documents) has been examined in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed Charles Ryllyher	President (If other title, see	14. Signed Treasurer		
Title Other (Specify)	instructions)	(If other title, see instructions)		
Member				
on 3-28-14 95	1-371-6606	On		
12-3-15 Charles	elephone Number	Date Telephone Number		
m LM-20 (2003)	U			
		Page 1 of		

Files of an analysis		
Filer Charles Stephenson CRS Labor Relation	ns Solutions	File Number C-
9. Check the appropriate box to indicate whether an object of the ac	divities undertaken is directly or indirectly	
To persuade employees to exercise or not to exercise, or collectively through representatives of their own choosing	persuade employees as to the manner of 3.	f exercising, the right to organize and bargain
b. To supply an employer with information concerning the ac such employer, except information for use solely in conju	ctivities of employees or a labor organizati nction with an administrative or arbitral pr	ion in connection with a labor dispute involving occeding or a criminal or civil judicial proceeding.
 Terms and conditions (Explain in detail; see instructions. Written hourly rateE 	agreements must be attached.):	
Hourry Tates		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required ((0	
a. Nature of activity:	See instructions):	
Engaged to communicate to employees regardi collectively	ng exercising their rights	to organise and by
collectively	one in the state of the state o	to Organize and Dargain
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 3/31/14	_ none ponormed.	
11.d. Name and address through whom performed:	Additional Name and addres	s through whom performed, if any:
Name	Name	, , , , , , , , , , , , , , , , , , , ,
Organization	Organization	
P.O. Box, Bidg., Room No., if any		
	P.O. Box, Bldg., Room No., i	fany
Street	Street	
City	City	
State ZIP Code + 4	State	ZIP Code + 4
12.a. Identify subject groups of employees:	42 h 14	
machine operators,order clerks	12.b. Identify subject labor or	i
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