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 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.

1. File Number: C- (05203			
Person Filing			
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:	
Name Mark A Lema		Name	
Title Founder & CEO		Title	
Organization Lema & A Associates		Organization	
P.O. Box, Bldg., Room No., if any P.O Box 129		P.O. Box, Bldg., Room No., if any	
Street		Street	
City Burlington		City	
State New Jersey ZIP Code	4 08016	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a. Individ	dual 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: 7 / 9 / 2014	
Name Steven Seasly		Name of person(s) through whom made:	
Organization Athens Foods			
Trade Name, if any Hahn Loeser & Parks on behalf of Ath		•	
P.O. Box, Bldg., Room No., if any Suite 2800		Name	
Street 200 Public Square		Name	
City Cleveland		Name	
State Ohio ZIP Code	+4 44114	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	instructions) —	Title Treasurer instructions)	
On		On	
Date Telephone Nu	mber	Date Telephone Number	
Com I M 20 (2002)			

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Filer: Mark Lema Lema & A Associates	File Number C-
9. Check the appropriate box to indicate whether an object of the activities ur	ndertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	e employees as to the manner of exercising, the right to organize and bargain
	f employees or a labor organization in connection with a labor dispute involving the an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	ents must be attached.):
Verbal Agreement with LRI Consulting Services of expenses.	a fixed fee per day per services, plus reasonable
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See inside. A Nature of activity:	ructions):
	l meetings with employee, executives, managers and esponsibilities under the National Relations Act and ion procedures.
11.b. Period during which performed: various days beginning 7/22/14	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Mark A Lema	Name
Organization Lema & Associates	Organization
P.O. Box, Bldg., Room No., if any PO BOx 129	P.O. Box, Bldg., Room No., if any
Street	Street
City Burlington	City
State New Jersey ZIP Code + 4 08016	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production and sanitation employees	United Food and Comercial Workers