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



1. File Number:

Person Filing

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.

Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:			
Name Alfonso Raymondo			Name			
Title Operated ent			Title .			
Organization ACTS Maragenen +			Organization			
P.O. Box, Bldg., Room No., if any			P.O. Box, Bldg., Room No., if any			
Street 1868 Sarta Ana		Street				
City Clover, CA		City .				
State ZIP Code + 4	93611	State		ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:				<u> </u>		
12 / 13 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):			7. Date entered into:			
Name Brad Hoster			3/9/2013			
Organization Teld-Wer, Mt. Vernon, OH		Name of person(s) through whom made:				
Trade Name, if any			Name			
P.O. Box, Bldg., Room No., if any			Name			
Street 1201 Newark Rd			Name			
city Mt Vernon			Name			
State OH ZIP Code + 4	43050	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	
	instructions)	Title	Treasurer		(If other title, see instructions)	
on 3/31/13 575-29d-3	702	On				
Date Telephone Number	<u>/</u>	Oli	Date	Telephone Number		
1415 Kersmit	<u> </u>		1-1-1-2			
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Filer:	File Number C-			
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.):			
Specific Activities to be Performed				
a. Nature of activity: To inform employed of theer se reserding collective bargaining	ction 7 fights and answer questions.			
11.b. Period during which performed:	11.c. Extent performed:			
11.d. Name and address through whom performed: Name L. p.e. (~2 Organization (~2 and Associates) P.O. Box, Bldg., Room No., if any Street City pland State CA ZIP Code + 4 71785	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			
Production Unit	12.b. Identify subject labor organizations:			