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. 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.

S			
A)		17	
A	Ør.	E Q	λ
F	7	•	ריי
1	AUG 2	32005	
1			- 1
1	, VE	ROIT	/
•	V m	ENG)	•

1. File Number: C- 402				
Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Jim G Trivisonno	Name			
Title President	Title			
Organization IRI Consultants to Management	Organization			
P.O. Box, Bldg., Room No., if any Suite 4R	P.O. Box, Bldg., Room No., if any			
Street 440 East Congress	Street			
City Detroit	City			
State Michigan ZIP Code + 4 48226	State ZIP Code + 4			
Date fiscal year ends: 5. Type of person:				
Dec / 3 a. Individual b. Partnership	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: 9 / 1 / 2003			
Name Gary L Reck Organization Bayer Corporation	8. Name of person(s) through whom made:			
Trade Name, if any	Name Gary L Reck			
P.O. Box, Bldg., Room No., if any	Name			
Street 100 Bayer Road	Name			
City Pittsburgh	Name			
State Pennsylvania ZIP Code + 4 15205	Name			
Sign	natures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions)	te penalties of law, that all of the information submitted in this report (including ad by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)			
On 08/17/2005 313-965-0350	On 08/17/2005 313-965-0350			
Date Telephone Number	Date Telephone Number			

Filer: Jim Trivisonno IRI Consultants to Management	File Number C-			
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.):				
IRI will have a one consultant working at \$250.00 per hour, not more than 25 hours each week on site for training and education of the workforce, as needed and requested by client.				
Constitution to the Body and				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructi	ons):			
a Nature of activity: To educate Bayer employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.				
11.b. Period during which performed:	11.c. Extent performed:			
September and October 2003	Completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Rick Torres	Name			
Organization Permanant Solutions Labor Consultants	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 19186 Fort Street, Suite 104	Street			
City Riverview	City			

Form LM-20 (2003) Page 2 of 2

State

Teamsters

12.b. Identify subject labor organizations:

ZIP Code + 4

ZIP Code + 4 48192

State Michigan

12.a. Identify subject groups of employees:

Eligible voters at Bayer Corporation in Pittsburgh Pennsylvania.