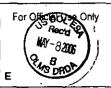
J.S. Department of Labor Caice of Labor-Management Standards Washington, DC 20210

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 CAREFU	LLY BEFORE PREPARING THIS REPORT.
1. File Number: C - 6/ 0	
Person Filling Aunbur T. Wickey, dha	Dickey + Asrociates
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name AURGINT. DICKEY	Name
Title PREPRIOTER	Title
Organization Dickey & Associates	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 593 Woodeliff DR.	Street
city Baten Rouge, HA	City
State LA ZIP Code + 20815-5555	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
/2/3/ 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 William H. Hopkins, President	3 / 1 / 06
Organization LIECUN LecalUNION 455	8. Name of person(s) through whom made;
Trade Name, if any	Name William H. HOPKINS
P.O. Box, Bldg., Room No., if afty	Name
Street 121 Northpoint DR.	Name
city Haisten	Name
State ZIP Code + 4 77050 - 3207	Name
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete/(See Section VII on penalties 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 The bin T. Dickor President (If other title, see	14. Signed Treasurer (If other title, see
Title PROPERE (instructions)	instructions)
	Title
on 5-1-06 125-272-2758	On
Date Telephone Number	Date Telephone Number

	7	12				
Name of Person Filing: / ARSIN	11095			File Number C-		
UT		V				
B. Statement of Receipts Report all receipts fro or services.	om employers i	in connection	with labor relation	ns advice or servi	ces regardless of the purpo	ses of the advice
Employer UNITED FOR A COMMUNICIPAL P.O. Box, Building and Room Warkers UNITED FOR 455 Trade Name Mailing Address; P.O. Box, Building and Room Street						
Employer // NIToo Food & Co.	MM In CIAL P.O. Box, Building and Roo			Number, if any		
werkers UNIEN, LOCAL	455		2			
Trade Name	Hork	(m)	Street			
Attention To William!	770017	7-0	City			
Trade Name Attention To Welliam H. Title Desirant	/		State		ZIP Code	e + 4
5.b. Termination Date			5.c. Amoun	14,8	23	
5. TOTAL RECEIPTS FROM ALL EMPLOYERS	/	4,87	3	-, -, -, -		
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	disbursements loyers listed in		reporting organiz	ation in connectio	n with labor relations advice	e or services rendered
. Disbursements to Officers and Employees:	oyers usted ut	Pall D.				
(a) Name	(b) Salary	(c) Expenses	(d) Totals			
AURBIN T. DICKEY	12000	4873	14873	9. Office and A	dministrative Expenses	2607
				10. Publicity		
				11. Fees for Pro	tessional Services	
				12. Loans Made		
				13. Other Disbu	rsements	1348
. Total disbursements to officers and employee:	5: 120e	20 /	14873	14. Total Disburs	ements (Sum of Items 8-13)	3955
. Total sissersoments to officers and employee.						
. Total sisser contains to onicers and employee						
					, 	
	Activity	Use this Sch	edule to report or	nly disbursements	made for the purposes des	scribed in Part D of the
), Schedule of Disbursements for Reportable		instructions.			made for the purposes des	scribed in Part D of the
5.a. Employer Name:	JA CCA	instructions.		nly disbursements e Name, If any:	made for the purposes des	scribed in Part D of the
5.a. Employer Name:	JA CCA	instructions.	15.b. Trade	e Name, If any:	made for the purposes des	scribed in Part D of the
5.a. Employer Name:	JA CCA	instructions.		Name, If any:		scribed in Part D of the
5.a. Employer Name:	JA CCA	instructions.	15.b. Trade	e Name, If any:	43./3	
5.a. Employer Name: United for Reportable to Reportable to See Long to See Lon	Ja Cch 100 4: 110010	instructions. Where is S F T	15.b. Trade	e Name, If any:	43./3	
5.a. Employer Name: United for Reportable to Reportable to See Long to See Lon	Ja Cch 100 4: 110010	instructions. Where is S F T	15.b. Trade	e Name, If any:	43./3	
5.a. Employer Name: United for Reportable S.a. Employer Name: Unite	Ja Cch 100 4: 110010	instructions. Where is S F T	15.b. Trade 15.d. Amou	e Name, If any:	43.13	λ1 (40)
D. Schedule of Disbursements for Reportable 15.a. Employer Name: CNITed for Name Paid DICKog NA Name Auchon TDICK Organization DICKog NA 8.0. For Schillenger Control of Auchon Reportable 15.a. Employer Name: CNITed for Reportable Organization DICKog NA Reportable 15.a. Employer Name: CNITed for Reportable Organization DICKog NA Reportable 15.a. Employer Name: CNITed for Reportable Organization DICKog NA Reportable 15.a. Employer Name: CNITed for Reportable Organization DICKog NA Organization DICKog NA Reportable Organization DICKog NA Organiza	do Con 1000 45 FSCC10 los ecrose	instructions. Where is S F T	15.b. Trade 15.d. Amou	e Name, If any:	43.13	λ1 (40)
5.a. Employer Name: (NITed for Reportable S.a. Employer Name: (NITed for Secretary, Local (M. 5.c. To Whom Paid DICKor M. A. Mame Title Propulting Organization DICKor A. A. M. P.O. Box, Building and Room Number, if any	Ja Con 100 49 150010 Corole	instructions. Where is	15.b. Trade 15.d. Amou 15.e. Purpo A) S AB/B Poppo YA D	int \$5.7 ist UN soutation	tow or saving townstime of employee corp., And	OF IN FOR NAN S of NAN ASSISTING ACREACISO
D. Schedule of Disbursements for Reportable 15.a. Employer Name: CNIRod for Name Aurban TDICKOG NA Title Propulation P.O. Box, Building and Floom Number, if any Street 593 Weed Lift	FICCION 45 FICCION EN CONTROL FICCION EN CONTROL FICCION FICION FICCION FICION FICCION FICION FICCION FICCION	instructions. Whence is S Fe 5	15.b. Trade 15.d. Amou 15.e. Purpo A) S AB/B Poppo YA D	int \$5.7 ist UN soutation	tow or saving townstime of employee corp., And	WAN LAD WAN Sort WITTIZE OTTORING
D. Schedule of Disbursements for Reportable 5.a. Employer Name: CNIRod for Secretary, Lecal CM 15.c. To Whom Paid DICKog MA Name Aurban TDICK Organization DICKog MA P.O. Box, Building and Floom Number, if any Street 593 Weed Lift	Ja Con 100 49 150010 Corole	instructions. Whence is S Fe 5	15.b. Trade 15.d. Amou 15.e. Purpo A) S AB/B Poppo YA D	int \$5.7 ist UN soutation	43.13	WAN LAD WAN DO WITTER