

# FORM LM-20 – AGREEMENT & ACTIVITIES REPORT

OMB No. 1245-0003. Expires 03-31-2019.

IMPORTANT: 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).

Amended

Office of Labor-Management Standards

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► Read the instructions carefully before completing this report. ◀

1.a. File Number: C- 67290		1.b. <input type="checkbox"/> Hardship Exemption	1.c. <input type="checkbox"/> Amended Report
2. Contact information for person filing: Organization <u>Winning Workplace Solutions</u> Street <u>2650 Lake Shore Drive, Ste 706</u> City <u>Riviera Beach</u> State <u>FL</u> ZIP Code <u>33404</u> Email Address <u>gary.palma@405@gmail.com</u> Employer Identification Number (EIN) <u>47-4139312</u> Contact Name <u>Gary Palma</u> Title <u>Owner</u>		3. Other address where records necessary to verify this report are kept: Name <u>N/A</u> Title _____ Organization _____ City _____ State _____ ZIP Code _____ Email Address _____	
4. Fiscal Year Covered: from <u>01/01/2016</u> through <u>12/31/16</u> (mm/dd/yyyy) (mm/dd/yyyy)		5. Type of person a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other	
6. Full name and address of employer with whom agreement or arrangement was made: <u>Pacific Rock Products</u> <input type="checkbox"/> Check this box if you are filing a report for a union avoidance seminar. Organization (including trade name, if any) <u>Cemex</u> Street <u>8705 NE 117th Avenue</u> City <u>Vancouver</u> State <u>WA</u> ZIP Code <u>98662</u> Email Address <u>davide.tiller@cemex.com</u> Employer Identification Number (EIN) <u>72-0296500</u> Contact Name <u>David Tiller</u> Title <u>VP HR</u>		7. Date agreement or arrangement entered into: <u>05/10/2016</u> mm/dd/yyyy 8. Person(s) through whom agreement or arrangement made: (a) Employer Representative: Name and Title <u>David Tiller, VPHR</u> OR (b) Prime Consultant: Name and Title _____ Employer Identification Number (EIN) _____ Address _____	

## 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

[Signature]  
President (If other title, see instructions.)

14. Signed

[Signature]  
Treasurer (If other title, see instructions.)

On

11/10/2016 561-383-0970  
Date (mm/dd/yyyy) Telephone Number

On

11/23/2016 561-383-0970  
Date (mm/dd/yyyy) Telephone Number

Name of person filing:

Gary L Palma

File Number: C-

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form. If reporting a union avoidance seminar, a single copy of the registration form and a description of the seminar provided to attendees also must be attached by clicking the "Add Attachments" link at the top of the form.)

Hired to consult on a union avoidance campaign, to provide assistance to employer in such campaign through activities identified in Item 11. My fee was \$67.50/hr.

11. Information regarding activities performed or to be performed by the labor relations consultant pursuant to agreement or arrangement. (See instructions.)

a. Nature of activities performed or to be performed by the labor relations consultant pursuant to the agreement or arrangement:

**PERSUADER ACTIVITIES:** Select from the following reportable activities those which, per agreement with the employer(s) named in item 6, have been or will be performed:

- ☐ Drafting, revising, or providing written materials for presentation, dissemination, or distribution to employees
- ☐ Drafting, revising, or providing a speech for presentation to employees
- ☒ Drafting, revising, or providing audiovisual or multi-media presentations for presentation, dissemination, or distribution to employees
- ☐ Drafting, revising, or providing website content for employees
- ☐ Planning or conducting individual employee meetings
- ☒ Planning or conducting group employee meetings

- ☐ Training supervisors or employer representatives to conduct individual or group employee meetings
- ☒ Coordinating or directing the activities of supervisors or employer representatives
- ☐ Establishing or facilitating employee committees
- ☐ Developing employer personnel policies or practices
- ☐ Identifying employees for disciplinary action, reward, or other targeting
- ☒ Conducting a seminar for supervisors or employer representatives
- ☒ Speaking with or otherwise communicating directly with employees.
- ☐ Other

**INFORMATION-SUPPLYING ACTIVITIES:**

Select each activity whereby you supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer:

- ☐ Supplying information obtained from:
- ☐ Research or investigation concerning employees or labor organizations
- ☐ Supervisors or employer representatives
- ☐ Employees, employee representatives, or union meetings
- ☐ Surveillance of employees or union representatives (electronically or in person)
- ☐ Other

ADDITIONAL INFORMATION:

11.b. Period during which activities performed: 05/12/2016 - 5/25/2016  
mm/dd/yyyy - mm/dd/yyyy

11.c. Extent of performance:

Completed

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name and Title Gary Palma, Owner

Type of Person: ☐ Employee of Consultant  
☒ Independent Contractor

Organization Winning Workplace Solutions

Street 2650 Lake Shore Dr, Ste 706

City Riviera Beach State FL ZIP Code 33404

Email Address garypalma0405@gmail.com

Employer Identification Number (EIN) 47-4139312

12.a. Identify subject groups of employees:

Plant operators, equipment operators, mechanics, foremen, leadmen, Weigh masters

12.b. Identify subject labor organizations:

Intl. Union of Operating Engineers, Local 701