

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



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.

553 392

1. File Number:

C-

65958

Person Filing

2. Name and mailing address (include ZIP Code):

Name Luz O Slim

Title

Organization

P.O. Box, Bldg., Room No., if any P.O. Box 57

Street

City Temple City

State California ZIP Code + 4 91780

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., If any

Street

City

State California ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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):

Name Ted Oh

Organization US Fibers

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 30 Pine Road

City Trenton

State South Carolina ZIP Code + 4 92336

7. Date entered into:

04 / 06 / 2013

8. Name of person(s) through whom made:

Name Carlos Ortiz

Name

Name

Name

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

WZO

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 03/26/2014

Date

909-434-9147

Telephone Number

On

Date

Telephone Number

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.):

To provide professional consulting services, per verbal contract, to be paid a flat daily fee, plus be reimbursed for expenses incurred while at client's facility

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To communicate with employees regarding their right to exercise or not exercise their right to support or not support a labor organization

11.b. Period during which performed:

On going

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Carlos ☐ Ortiz

Organization Solutions Labor Relations Consultants

P.O. Box, Bldg., Room No., if any

Street 7426 Cherry

City Fontana

State California ZIP Code + 4 92336

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

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

USW Local 7898