

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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.

675264

1. File Number: C- 66020

### Person Filing

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

Name Evelyn D Fragoso  
Title Owner  
Organization Quality Labor Solutions  
P.O. Box, Bldg., Room No., if any  
Street 4859 West Slauson Ave #191  
City Los Angeles  
State California ZIP Code + 4 90056

#### 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 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  
Organization Old Dominion Freight Line  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 500 Old Dominion Way  
City Thomasville  
State North Carolina ZIP Code + 4 27360

#### 7. Date entered into:

2 / 8 / 2015

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

Name Dee D Cox  
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 President  
(If other title, see instructions)  
Title President

14. Signed Treasurer  
(If other title, see instructions)  
Title Treasurer

On 3.30.2018 310.729.6773  
Date Telephone Number

On 3.30.2018 310.729.6773  
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.):

No written Agreements. Educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

#### Specific Activities to be Performed

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

a. Nature of activity:

Held meetings to inform employees on their section 7 rights and on all aspects of unions

11.b. Period during which performed:

2.11.2018 Various days

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

P.O. Box, Bldg., Room No., if any PO BOX 15529

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

P and D Drivers, Line Drivers

12.b. Identify subject labor organizations:

Teamsters