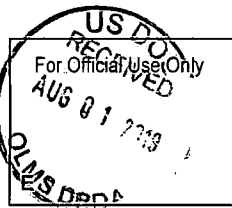


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

68187

1. File Number: c- 68187

### Person Filing

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

Name Robert Williams, Jr.

Title President

Organization Van Gard Vault Company, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 629

Street

City Griffith

State Indiana

ZIP Code + 4 46319

#### 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 / 18

#### 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 Robert Williams, Jr.

Organization Van Gard Vault Company, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any P. O. Box 629

Street

City Griffith

State Indiana

ZIP Code + 4 46319

#### 7. Date entered into:

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

Name Frank Itczak, Sr.

Name Juan M Tinoco

Name Robert C Ferris

Name Ramon C Mendoza

Name Frank Itczak, Jr.

### 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 07/12/2018 219-980-5555  
Date 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.):

Employees listed above made decision to NOT be represented by a Labor Union

#### Specific Activities to be Performed

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

a. Nature of activity:

Employees listed above made decision to NOT be represented by a Labor Union

11.b. Period during which performed:

2018

11.c. Extent performed:

indefinitely

11.d. Name and address through whom performed:

Name Robert Williams, Jr.

Organization Van Gard Vault Company, Inc.

P.O. Box, Bldg., Room No., if any P. O. Box 629

Street

City Griffith

State Indiana

ZIP Code + 4 46319

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:

12.b. Identify subject labor organizations: