U.S. Department of Labor Office 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 11-30-2009



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

MS DEDE	ELI BEI ONE I NEI ANING TIIG NEI GNI.
1. File Number: C- 00676	
Person Filing 2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
	Name Name
Title	Title
Organization Solutions Labor Relations Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7426 Cherry Ave Suite 210-106	Street 312 N. Belmont Ave
City Fontana	City Los Angeles
State California ZIP Code + 4 92336	State California ZIP Code + 4 90026
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. X Individual b. Partnership	c. Corporation d. Other (Specify):
<u> </u>	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 11 / 19 / 20/3
Name Michelle Isaacson	8. Name of person(s) through whom made:
Organization CLP Resources	Name Peter A List
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Name
Street 1015 A Street	Name
City Tacoma	Name
State Washington ZIP Code + 4 98402	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.)	
Title President (If other title, see instructions)	Treasurer (If other title, see instructions)
On 12/36/26/4 909 9/0 5575 Date Telephone Number	On

Filer: CARIOS ORTIZ	File Number C - 06676	
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 hourly, plus be reimbursed for expenses incurred while at client's facility		
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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:	11.c. Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter A List	Name	
Organization Kulture Consulting	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 759 Bloomfield Ave. # 301	Street	
City West Caldweell	City	
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Employees in potential bargaining unit	Laborrers Local 1184	
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