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. 1245-0003 Expires 08-31-2016



C- 65802

1. File Number:

Person Filing

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.

Name and mailing address (include ZIP Code):		3. Any other address where records	s necessary to verify this report are kept:	
Name		Name		
Title		Title		
Organization International Labor Relations		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 8086 South Yale Ave suite 225		Street		
City Tulsa		City		
State Oklahoma	ZIP Code + 4 74136	State	ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:		-	
Dec / 31	Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):			
Nature of Agreement or Arrangemen	nt			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:		
Name		6	1 / 2014	
Organization Blick Art Materials		8. Name of person(s) through whon	n made:	
Trade Name, if any		Name Robert	Buchsbaum	
P.O. Box, Bldg., Room No., if any P.O. Box 1267		Name		
Street 695 US HWY 150 E		Name		
City Galesburg	•	Name		
State Illinois	ZIP Code + 4 61401	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	14. <del>Signed</del>	Treasurer (If although title and	
President	instructions)	Title Treasurer	(If other title, see instructions)	
On 6/30/2014 80	0-555-7509	On 6/30/2014	800-555-7509	
Date	Telephone Number	Date	Telephone Number	
Form I M-20 (2003)				

International Labor Relations	File Number C- 65802			
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 the and conducting (Explain in dolar), coe included in trinten agreements into the attached.).				
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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:				
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.				
organizae una bargin correctiver,				
11.b. Period during which performed:	11.c. Extent performed:			
Beginning on or about 6/1/2014	Ongoing			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization Pinnacle Labor Relations	Organization Pacific Labor Relations			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 1557 Countrywood Lane	Street 5300 W. Memorial Rd Apt W			
City Escalon	City OKC			
State California ZIP Code + 4 95320	State Oklahoma ZIP Code + 4 73142			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees eligible to vote in the bargaining unit	RWDSU International Union			
-				

Filer: International Labor Relations | File Number C- 65802

## Specific Activities to be Performed (Continuation Page)

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

Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

11.b. Period during which performed:  Beginning on or about 6/1/2014	11.c. Extent performed: Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name James Teague	Name Jackie Mieluchowski	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 8086 S. Yale Ave Suite 225	Street 47 E. Johnathon Ct	
City Tulsa	City Kenneth Square	
State Oklahoma ZIP Code + 4 74136	State Pennsylvania ZIP Code + 4 19348	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name Estevan Jara	Name Zak Lagren	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 10380 Rochelle Ave	Street 14520 W. Mockingbird Ln	
City Santee	City Sand Springs	
State California ZIP Code + 4 92071	State Oklahoma ZIP Code + 4 74063	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees eligible to vote in the bargaining unit		

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  - a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.

	F ****	
11.b. Period during which performed:	11.c. Extent performed:	
Beginning on or about 6/1/2014	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Carl Newman	Name	
Organization	Organization CC International	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 1261 E. Old North Rd	Street 8086 S. Yale Ave Suite 268	
City Sand Springs	City Tulsa	
State Oklahoma ZiP Code + 4 74063	State Oklahoma ZIP Code + 4 74136	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name Estevan Jara	Name Zak Langren	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 10380 Rochelle Ave	Street 14520 W. Mockingbird Ln	
City Santee	City Sand Springs	
State California ZIP Code + 4 92071	State Oklahoma ZIP Code + 4 74063	
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11.b. Period during which performed:	11.c. Extent performed:	
Beginning on or about 6/1/2014	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Floyd Hightower	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 222	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Carleton	City	
State Oklahoma ZIP Code + 4 74081	State ZIP Code + 4	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
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All employees eligible to vote in the bargaining unit		