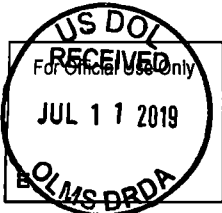


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

706 712

1. File Number: C-68688

### Person Filing

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

Name Oscar Wilmington

Title

Organization

P.O. Box, Bldg., Room No., if any Box 115

Street 2017 Lomita Boulevard

City Lomita

State California

ZIP Code + 4 90717

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 Rob Novo

Organization ZEP Manufacturing Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 700

Street 3330 Cumberland Boulevard

City Atlanta

State Georgia

ZIP Code + 4 30121

7. Date entered into:

5 / 31 / 2018

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

Name Peter List

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

*Oscar Wilmington*

President  
(If other title, see  
instructions)

Title Other (Specify)

Individual

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On 7/3/2019

Date

313-595-7570

Telephone Number

On

Date

Telephone Number

Filer: Oscar Wilmington

File Number C-

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.):

Oral agreement made with Kulture Consulting, LLC \$262.50 per hour, plus actual and reasonable expenses.

**Specific Activities to be Performed**

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

a. Nature of activity:

Traveled to employer; met with management personnel; provided information to employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:  
May-June

11.c. Extent performed:  
Completed

11.d. Name and address through whom performed:

Name Peter List  
Organization Kulture Consulting, LLC  
P.O. Box, Bldg., Room No., if any P.O. Box 2877  
Street  
City Pawleys Island  
State South Carolina ZIP Code + 4 29585

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:

All full-time and regular part-time plant distribution and manufacturing employees employed by the employer at the 699 Cassville White Road SE, Cartersville, GA 30121 location.

12.b. Identify subject labor organizations:

UNION UNKNOWN