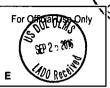
U.S. Department of Labor DO/ Office of Labor-Management EIVED Standards/ Washington, DC 202109 1 6 781

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.

629319

| 1. File Number: C- 400 | |
|--|--|
| Person Filing | |
| Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
| Name Alex Casillas | Name |
| Title Consultant | Title |
| Organization Action Resources | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 1374 S. Mission Road; #411 | Street |
| City Fallbrook | City |
| State California ZIP Code + 4 92028 | State ZIP Code + 4 |
| 4. Date fiscal year ends: 5. Type of person: a. ✓ Individual b. Partnership | o c. Corporation d. Other (Specify): |
| Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Peter Mossy | 7. Date entered into: 01 / 14 / 2015 |
| Organization Mossy Nissan | 8. Name of person(s) through whom made: Name Peter Mossy |
| Trade Name, if any P.O. Box, Bldg., Room No., if any | Name |
| Street 3790 Via De La Valle | Name |
| City Del Mar | Name |
| State California ZIP Code + 4 92014 | Name |
| Signatures | |
| true, correct and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions.) | 14. Signed Treasurer (If other title, see instructions) |
| Title Sole Proprietor | Title d |
| On 08/31/2016 818-999-9990 | On |

| Filer: | 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 for an hourly rate of \$300 p/hr for services rendered | | |
| | | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| 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 to employees regarding exercising their rights to organize and bargain collectively. | | |
| | | |
| | | |
| | • | |
| | | |
| 11.b. Period during which performed: 01/16/15; to 02/19/15 | 11.c. Extent performed: Completed | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | |
| Name Alex Casillas | Name | |
| Organization Action Resources | Organization | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 1374 S. Mission Road; #411 | Street | |
| City Fallbrook | City | |
| State California ZIP Code + 4 92028 | State . ZIP Code + 4 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| Service Technicians. | Machinists Union | |
| | | |
| | | |
| | , | |
| | | |
| | | |
| | | |

Form LM-20 (2003)