

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.

1. File Number: C-65602

Person Filing

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

Name Steven R Karl
Title Vice-President and General Counsel
Organization Pactiv LLC
P.O. Box, Bldg., Room No., if any
Street 1900 W. Field Court
City Lake Forest
State Illinois ZIP Code + 4 60045

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 / 31

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
Organization Prestone Products Corporation
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street ?
City
State ZIP Code + 4

7. Date entered into:

5 / 14 / 2013

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

Name Greg Noetlich
Name Kevin Quinn
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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

6/19/13

Date

847 4822170

Telephone Number

On

6/14/13

Date

847-482-2816

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.):

Pactiv LLC has provided certain employees to assist Prestone Products Corporation in response to an NLRB representation petition filed by International Association of Machinists Local 701 (Case Nos. 13-RC-104955, 13-RC-105639).

Specific Activities to be Performed

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

a. Nature of activity:

The employees provided by Pactiv LLC provide information and communicate to Prestone employees via one-on-one communications, group speeches, handouts, and communications about (1) union representation and collective bargaining, including the downsides of same, (2) the purposes of the National Labor Relations Act and its procedures and (3) the activities of International Association of Machinists Local 701 and the obligations to which members of the union must adhere. An object of these activities is to persuade the Prestone employees in the voting unit described below in 12.a. to vote no.

11.b. Period during which performed:

May 2013 - July 2013

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Erin Ahearn

Organization Pactiv LLC

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

Street 1900 West Field Court

City Lake Forest

State Illinois ZIP Code + 4 60045

Additional Name and address through whom performed, if any:

Name Jason Clayton

Organization Pactiv LLC

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

Street 7200 South Mason Avenue

City Bedford Park

State Illinois ZIP Code + 4 60638

12.a. Identify subject groups of employees:

All full-time employees in Maintenance (mechanics, electricians), Production (drum fillers, trimmer operators, filling line operators, tuggers, carton forming operators), Quality (QCIPs), Tank Farm (bulk loaders, tank farm operators, tank farm trainees), and Warehouse (shipping specialists, warehousemen, spotters, receiving coordinators, order processing/inventory coordinators) employed by Prestone Products Corporation at its facility currently located at 13160 S. Pulaski Rd, Alsip, Illinois

12.b. Identify subject labor organizations:

Automobile Mechanics Local 701, International Association of Machinists and Aerospace Workers, AFL-CIO