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



1. File Number:

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.

| Person Filing  |                                   |  |  |  |  |
|--|-----------------------------------|--|--|--|--|
| 2. Name and mailing address (include ZIP Code):  |                                   | 3. Any other address where records necessary to verify this report are kept: |  |  |  |
| Name Marlene H   | ernandez                          | Name   |  |  |  |
| Title  |                                   | Title  |  |  |  |
| Organization   |                                   | Organization   |  |  |  |
| P.O. Box, Bldg., Room No., if any  |                                   | P.O. Box, Bldg., Room No., if any  |  |  |  |
| Street 912 Thackeray Lane  |                                   | Street   |  |  |  |
| City San Jose  |                                   | City   |  |  |  |
| State California   | <b>ZiP Code + 4</b> 95116         | State ZIP Code + 4   |  |  |  |
| 4. Date fiscal year ends:  | 5. Type of person:                |  |  |  |  |
| Dec / 31 a. X Individual b. Partnership c. Corporation d. Other (Specify):   |                                   |  |  |  |  |
|  |                                   |  |  |  |  |
| Nature of Agreement or Arrangement   |                                   | <u> </u>   |  |  |  |
| 6. Full name and address of employer with whom made (include ZIP Code):  |                                   | 7. Date entered into: 12 / 1 / 2015  |  |  |  |
| Name Dawn Kennedy  |                                   | 8. Name of person(s) through whom made:                                      |  |  |  |
| Organization American Apparel  |                                   | Name   |  |  |  |
| Trade Name, if any   |                                   |  |  |  |  |
| P.O. Box, Bldg., Room No., if any  |                                   | Name   |  |  |  |
| Street 747 Warehouse St.   |                                   | Name   |  |  |  |
| City Los Angeles   |                                   | Name   |  |  |  |
| State California   | ZIP Code + 4 90021                | Name   |  |  |  |
|  | Signa                             | tures  |  |  |  |
| 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   William   13. Signed   13. Sign | President<br>(If other title, see | 14. Signed Treasurer (If other title, see                                    |  |  |  |
| Title Other (Specify) instructions)  Individual  |                                   | Titleinstructions)   |  |  |  |
| On 01/05/2016 650  | -465-8975                         | On   |  |  |  |
| Date   | Telephone Number                  | Date Telephone Number  |  |  |  |
| On 01/05/2016 650  | <del></del>                       |  |  |  |  |

| Filer Marlene Hernandez | File Number C- |
|-------------------------|----------------|
|-------------------------|----------------|

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
  - a. X 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.
  - 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.

| <ol><li>Terms and conditions (Explain in detail; see instructions.</li></ol> | . Written agreements must be attached.): |
|--|--|
| Hourly plus expenses   |  |

## Specific Activities to be Performed

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

Held meetings with employees to inform them about their rights in section 7 of the NLRA

| 11.b. Period during which performed:<br>12/01/2015 |              | 11.c. Extent performed:    | 11.c. Extent performed:                                     |  |
|--|--------------|----------------------------|---|--|
| 11.d. Name and address through whom performed:     |              | Additional Name and add    | Additional Name and address through whom performed, if any: |  |
| Name   |              | Name                       | Name  |  |
| Organization                                       |              | Organization               | Organization  |  |
| P.O. Box, Bldg., Room No., if any                  |              | P.O. Box, Bldg., Room N    | P.O. Box, Bldg., Room No., if any                           |  |
| Street   |              | Street                     | Street  |  |
| City   |              | City                       | City  |  |
| State  | ZIP Code + 4 | State                      | ZIP Code + 4  |  |
| 12.a. Identify subject groups of employees:        |              | 12.b. Identify subject lab | por organizations:  |  |
| Production employees                               |              |                            |   |  |
|  |              |                            |   |  |
|  |              |                            |   |  |
|  |              |                            |   |  |
|  |              |                            |   |  |
|  |              |                            |   |  |
|  |              |                            |   |  |

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