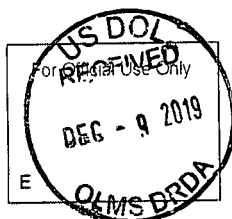


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

712438

1. File Number: C- 67257

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name Joseph Brock	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Reliant Labor Consultants	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1011 Sonata Lane	P.O. Box, Bldg., Room No., if any
City Apollo Beach	Street
State Florida	City
ZIP Code + 4 33572	State
4. Date fiscal year ends: Dec / 19	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Troy Allman	7. Date entered into: 9 / 24 / 2019
Organization Leveltek	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 708 McMechen St	Name
City Benwood	Name
State West Virginia	Name
ZIP Code + 4 26301	

## 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

Title

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On

Date

Telephone Number

On

Date

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.):

Agreement attached. Engaged by Leveltek to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union prepetition

#### Specific Activities to be Performed

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

a. Nature of activity:

Hold meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:  
9/24/2018 to ongoing

11.c. Extent performed:  
ongoing

11.d. Name and address through whom performed:

Name Scott Michel  
Organization  
P.O. Box, Bldg., Room No., if any  
Street 819 Hermann Rd  
City Horsham  
State Pennsylvania ZIP Code + 4 19044

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:

Warehousemen

12.b. Identify subject labor organizations:

Teamsters local 697