

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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.

532096

File Number:

C-65604

Person Filing

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

Name Larry Tuskey

Title General Counsel

Organization Reynolds Consumer Products, Inc.

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

Street 6641 West Broad Street, 1

City Richmond

State Virginia

ZIP Code + 4 23230

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 Paul Catanzarite

Name

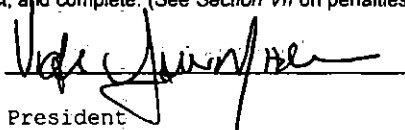
Name

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

847-482-2835

Telephone Number

On

6/19/13

Date

847-482-2522

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.):

Reynolds Consumer Products Inc. has provided an employee to assist Prestone Products Corporation in response to an NLRB representation petition filed by International Association of Machinists Local 701 (Case No. 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 employee provided by Reynolds Consumer Products provides 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 Georgette Leppert

Organization Reynolds Consumer Products Inc.

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

Street 777 South Wheeling Road

City Wheeling

State Illinois ZIP Code + 4 60090

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 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