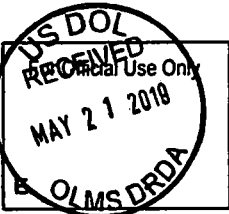


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021



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.

704111

1. File Number: C- 67729

Person Filing

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

Name Matthew J. Antonek

Title President

Organization Employer Advisory Group, LLC

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

Street PO Box 86628

City St. Petersburg

State FL ZIP Code + 4 33738

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:

12 / 19

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization ITW/Shakeproof

Trade Name, if any

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

Street 1201 St. Charles St.

City Bgn

State IL ZIP Code + 4 60120

7. Date entered into:

3 / 1 / 19

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

Name Angelica Stilling

Name

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

N/A

Treasurer
(If other title, see
instructions)

Title Treasurer

On 5/13/19

Date

777 888 1581

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.):

Nowritten agreement.
Work performed based on hourly fee schedule.

Specific Activities to be Performed

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

a. Nature of activity:

Conducted informational meetings for employees regarding the process of unionization, the law and collective bargaining.

11.b. Period during which performed:

March- May 2019

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Matthew Antonek

Organization Employer Advisory Group, LLC

P.O. Box, Bldg., Room No., if any
PO Box 86628

Street

City St. Petersburg

State FL ZIP Code + 4 33738

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:

Non supervisory employees in job shop, shipping, sorting, maintenance, quality control and packing departments.

12.b. Identify subject labor organizations:

UFCW Local 1546