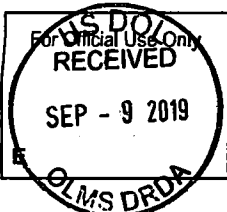


FORM LM-20
2019
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010



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.

709134

1. File Number: C- 68122

Person Filing

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

Name Cesar Alarcon
Title Operating Manager
Organization Stay Union Free Corp
P.O. Box, Bldg., Room No., if any 614
Street Springdale Circle
City Palm Springs
State Florida ZIP Code + 4 33461

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 19

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 Chris Blockhus
Organization Smurfit Kappa
Trade Name, if any
P.O. Box, Bldg., Room No., if any 10600
Street Fischer Road
City Von Ormy
State Texas ZIP Code + 4 78073

7. Date entered into:

3 / 4 / 2019

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

Name Chris Blockhus
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
Title Executive Director

President
(If other title, see
instructions)

14. Signed
Title Treasurer

Treasurer
(If other title, see
instructions)

On 08/26/2019 347-370-6489
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.):

To provide professional consulting services as described in section 11

Specific Activities to be Performed

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

a. Nature of activity:

Educate employees on their rights to vote under the NLRA

11.b. Period during which performed:

March 2019

11.c. Extent performed:

Terminated on March 19, 2019

11.d. Name and address through whom performed:

Name C Alarcon

Organization Stay Union Free Corp

P.O. Box, Bldg., Room No., if any 614

Street Springdale Circle

City Palm Springs

State Florida ☒ ZIP Code + 4 33461

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 and regular part time employees.

12.b. Identify subject labor organizations:

USW