

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.

646488


1. File Number: C- 00643

Person Filing	
2. Name and mailing address (include ZIP Code): Name Chris Cimino Title CEO Organization CACR, Labor Education Services P.O. Box, Bldg., Room No., if any Street 1141 West Washinton Blvd., #235 City Chicago State Illinois ZIP Code + 4 60607	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 / 17	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Tim Williams Organization Wheaton Industries Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1501 North 10th Street City Millville State New Jersey ZIP Code + 4 08332	7. Date entered into: 2 / 27 / 2017 8. Name of person(s) through whom made: Name Tim Williams 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 03/17/2017 312-433-0003
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.):

Wheaton Industries retained CACR, LES to provide direct employee education on the National Labor Relations Act.

Specific Activities to be Performed

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

a. Nature of activity:

Miguel Alvarado met with employees of Wheaton to provide them with factual information about the National Labor Relations Act. Miguel also was available to answer employees' questions.

11.b. Period during which performed:

January 27 through March 15, 2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Miguel Alvarado

Organization

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

Street 5514 Mission Way

City Commerce

State California ZIP Code + 4 90040

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:

Wheaton's non-union employees employed in Millville, NJ.

12.b. Identify subject labor organizations:

UFCW, Local 152.