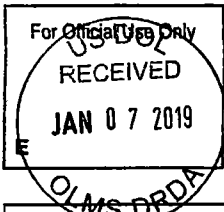


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

686784

1. File Number: C- 00556

Person Filing

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

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

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:

/

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
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7. Date entered into:

/ /

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

Name
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

On

Date

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title

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.):

Hourly fee for consulting services during union campaign with UAW

Specific Activities to be Performed

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

a. Nature of activity:

Union awareness training for management and consulting services.

11.b. Period during which performed:

December 2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Robert ☐ Carroll

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Road

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Stephen ☐ Sestina

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Union campaign management. Working with management and educating employees.

12.b. Identify subject labor organizations:

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.
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11.b. Period during which performed:

December 2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Carlos Flores

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Road

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Jose Agras Jr.

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street

City

State ZIP Code + 4

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12.b. Identify subject labor organizations:

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11.b. Period during which performed:

December 2018

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Erasmo ☐ Navarro

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Road

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Jose ☐ Agras

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street

City

State ZIP Code + 4

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Organization

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

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

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