

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)

599824

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c- 659824

Person Filing <i>William T. Herrera</i>	
2. Name and mailing address (include ZIP Code):	
Name	Name
Title	Title
Organization <i>WPSC GROUP</i>	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street <i>7927 Saddle Run</i>	Street
City <i>San Antonio</i>	City
State <i>TX</i> ZIP Code + 4 <i>78154</i>	State ZIP Code + 4
4. Date fiscal year ends: <i>12/31/2015</i>	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 <i>Michael Goldman</i>	7. Date entered into: <i>07 / 17 / 2015</i>
Organization <i>Kimber MFG. INC.</i>	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street <i>555 Tarter Rd. Ste 235</i>	Name
City <i>Elmsford</i>	Name
State <i>N.Y.</i> ZIP Code + 4 <i>10523</i>	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

[Signature]

President
(If other title, see instructions)

Title

President

14. Signed

[Signature]

Treasurer
(If other title, see instructions)

Title

Treasurer

On

9/30/15
Date

281-550-8563
Telephone Number

On

[Signature]
Date
[Signature]
Telephone Number

Filer:	File Number C-
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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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meeting with employee on NLRA

11.b. Period during which performed:

7/20/2015 to Sept 2, 2015

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization LRI

P.O. Box, Bldg., Room No., if any 1529

Street 7850 South Elm Place

City Broken Arrow

State OK ZIP Code + 4 74013

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:

Machine Operator; Smelting,
Pactors, warehouse

12.b. Identify subject labor organizations:

IBT Local 713