U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



1. File Number:

65880

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.

654362

Person Filing			
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Amed D	Santana	Name Phillip Wilson	
Title President		Title President	
Organization Santana International Inc.		Organization Labor Relations Institute	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 528 W 37TH Place		Street 7850 South Elm Place	
City Hialeah		City Broken Arrow	
State Florida	ZIP Code + 4 33012	State Oklahoma ZIP Code + 4 74011	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer w	ith whom made (include ZIP Code):	7. Date entered into: 3 / 2 / 2017	
Name Stephen Schafer		, , ,	
Organization L&W Engineering Company		8. Name of person(s) through whom made:	
Trade Name, if any		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street 17757 Woodland Drive		Name	
City New Boston		Name	
State Michigan	ZIP Code + 4 48164	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	14. Signed Treasurer (If other title, see	
Title President	instructions)	Title Treasurer instructions)	
	• •		
On `05/20/2017 915	5-215-3725	· On 5/20/2017 915-215-3725	
Date	Telephone Number	Date Telephone Number	

Filer. Amed Santana Santana International Inc.	File Number C- 65880			
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
3. Oneck the appropriate box to indicate whether an object of the activities under	taken, is directly of 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 direct employee education regarding employee's section 7 rights under the NLRA				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Educational Meetings with employees regarding their section 7 rights under the NLRA				
•				
11.b. Period during which performed:	11.c. Extent performed:			
various days beginning 3/2/2017	N/A			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Phillip Wilson	Name			
Organization Labor Relations Institute	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 South Elm St	Street			
City Broken Arrow	City			
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Hourly Production, Maintenance, Material Handlers, Tool Room, Die Setters, Utility Associates, Leaders	WAU			