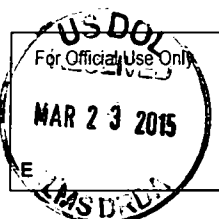


FORM LM-20

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)

583110

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- ~~66371~~ 66371

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	OLuseyi OLOWALafe
Title	
Organization	Omega Labor Solutions
P.O. Box, Bldg., Room No., if any	
Street	2307 Fenton Parkway Suite 107-221
City	San Diego
State	California
ZIP Code + 4	92108-4746
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:
Dec / 31	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	Anthony DeCosmo
Organization	Ryder Integrated Logistics
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	1440 North Main
City	Orange
State	California
ZIP Code + 4	92867
7. Date entered into:	
2 / 9 / 2015	
8. Name of person(s) through whom made:	
Name	Anthony DeCosmo
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	President		
On	3/6/2015	619-385-2718	
Date		Telephone Number	
14. Signed		Treasurer	(If other title, see instructions)
Title	Treasurer		
On	3/6/2015	619-385-2718	
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 rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Facilitated commuinciation with employees regarding their Section 7 rights.

11.b. Period during which performed:

2/10/2015

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization International Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 employees that are eligible to vote in the bargaining unit.

12.b. Identify subject labor organizations:

Teamsters Local 952