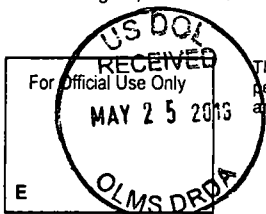


**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**

Amended  
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)

622312

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65802

**Person Filing**

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

Name

Title

Organization International Labor Relations

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 / 31

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 Black Art Materials

Trade Name, if any

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street 695 US HWY 150 E

City Galesburg

State Illinois

ZIP Code + 4 61401

7. Date entered into:

6 / 1 / 2014

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

Name Robert

Buchsbaum

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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 5/16/2016 800-555-7509

Date

Telephone Number

On 5/16/2016 800-555-7509

Date

Telephone Number

45A

Filer: <b>International Labor Relations</b>	File Number C- <b>65802</b>
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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.):

<b>Specific Activities to be Performed</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 6/1/2014</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Angel Cornejo</p> <p>Organization Pinnacle Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1557 Countrywood Lane</p> <p>City Escalon</p> <p>State California ZIP Code + 4 95320</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Simon E Jara</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10380 Rochelle Ave</p> <p>City Santee</p> <p>State California ZIP Code + 4 92071</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>RWDSU International Union</p>

Filer: <b>International Labor Relations</b>	File Number C- <b>65802</b>
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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 6/1/2014</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Zak Langren</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14520 W. Mockingbird Ln</p> <p>City Sand Springs</p> <p>State Oklahoma ZIP Code + 4 74063</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jackie Mieluchowski</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 47 E. Johnathon Ct</p> <p>City Kenneth Square</p> <p>State Pennsylvania ZIP Code + 4 19348</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p>

Filer: <input checked="" type="checkbox"/> International Labor Relations	File Number C- 65802
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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 6/1/2014</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Carl Newman</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1261 E. Old North Rd</p> <p>City Sand Springs</p> <p>State Oklahoma ZIP Code + 4 74063</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Christine Cibula</p> <p>Organization CC International</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 S. Yale Ave Suite 268</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Floyd Hightower</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 222</p> <p>Street</p> <p>City Carlton</p> <p>State Oklahoma ZIP Code + 4 74081</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p>