

# 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.

559289

1. File Number: C. 6747

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name <u>Oliver</u> <input type="checkbox"/> <u>Teel</u>	3. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <input type="checkbox"/> <input type="checkbox"/>
Organization <u>LRC Strategies</u>	Title <input type="checkbox"/>
P.O. Box, Bldg., Room No., if any <u>79710</u>	Organization <input type="checkbox"/>
Street <input type="checkbox"/>	P.O. Box, Bldg., Room No., if any <u>Suite 380</u>
City <u>Houston</u>	Street <u>One Sugar Creek Center Blvd</u>
State <u>TX</u> ZIP Code + 4 <u>77275</u>	City <u>Sugar Land</u>
4. Date fiscal year ends: <u>12</u> / <u>14</u>	State <u>TX</u> ZIP Code + 4 <u>77478</u>
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): <input type="checkbox"/>	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name <u>Jackie</u> <input type="checkbox"/> <u>Wolf</u>	7. Date entered into: <u>6</u> / <u>5</u> / <u>14</u>
Organization <u>Lyondell Basell</u>	8. Name of person(s) through whom made:
Trade Name, if any <input type="checkbox"/>	Name <input type="checkbox"/> <input type="checkbox"/>
P.O. Box, Bldg., Room No., if any <input type="checkbox"/>	Name <input type="checkbox"/> <input type="checkbox"/>
Street <u>1224 McKinney St.</u>	Name <input type="checkbox"/> <input type="checkbox"/>
City <u>Houston</u>	Name <input type="checkbox"/> <input type="checkbox"/>
State <u>TX</u> ZIP Code + 4 <u>77010</u>	Name <input type="checkbox"/> <input type="checkbox"/>

### 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]  
Title President

President  
(If other title, see  
instructions)

14. Signed [Signature]  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On July 3, 2014  
Date

832-649-2176  
Telephone Number

On July 3, 2014  
Date

832-649-2177  
Telephone Number

Filer:

File Number C-

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.):

Conduct a series of one hour meetings, weekly, with employees to provide information on their right to support or not support a union. 30-40 meetings per week.

## Specific Activities to be Performed

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

a. Nature of activity:

Educate employees on their right to support or not support a union and encourage all to participate in the process.

11.b. Period during which performed:

July 5 - July 20, 2014

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Oliver ☐ Bell

Organization LRC Strategies

P.O. Box, Bldg., Room No., if any PO Box 79710

Street \_\_\_\_\_

City Houston

State TX ZIP Code + 4 77079

Additional Name and address through whom performed, if any:

Name MANN ☐ GONZALEZ

Organization LRC Strategies

P.O. Box, Bldg., Room No., if any PO Box 79710

Street \_\_\_\_\_

City Houston

State TX ZIP Code + 4 77229

12.a. Identify subject groups of employees:

All full time and regular part time  
production & maintenance, research  
& develop, and laboratory employees.

12.b. Identify subject labor organizations: