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

## 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)

1629 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: 65203 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name A Lema Title Founder & CEO Title Organization Lema & Associates Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street PO Box 129 Street City City Burlington State New Jersey ZIP Code + 4 08016 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2013 8. Name of person(s) through whom made: Organization CLP Resources, Inc Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1015 A Street City Tacoma Name State Washington ZIP Code + 4 98402 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title Date Telephone Number

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Filer Mark Lema Lema & Associates	File Number C- 6 52 0 3
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  4	
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.):	
Verbal Agreement with Kulture Consulting L.L.C. Agreement included a fee per day and payment of reasonable expenses.	
reasonable expenses.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Retained to conduct informational and educational meetings with employees and members of the management team regarding the procedures under the NLRB secret ballot election and their rights and duties under the NLRA.	
11.b. Period during which performed:	11.c. Extent performed:
Various days starting on 12/02/13	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Kulture Consulting L.L.C.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 230 Passaic Ave.	Street
City Fairfield	City
State New Jersey ZIP Code + 4 07004	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Solar Panel Instalers	LABORERS LOCAL NO. 1184

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