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# AGREEMENT AND ACTIVITIES REPORT

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

648805

1. File Number: c 701

## Person Filing

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

Name DAVID C ACOSTA

Title PRESIDENT/TREASURER

Organization REDSTONE ENTERPRISES

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

Street 5415 E WILLOWICK CIRCLE

City ANAHEIM

State California ZIP Code + 4 92807

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 / 16

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 MIKE HERTZ

Organization PCC PRO COAT, PROTECTIVE COATINGS INC,

Trade Name, if any PCC PRO COAT

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

Street 1208 4TH AVENUE

City KENT

State Washington ZIP Code + 4 98032

7. Date entered into:

3 / 14 / 2016

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

Name

Name

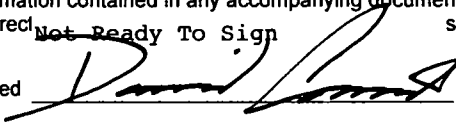
Name

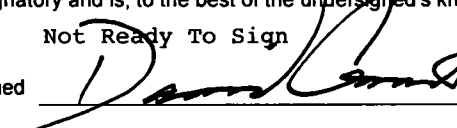
Name

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 in accordance with the instructions.

13. Signed  President  
(If other title, see instructions)  
Title President

14. Signed  Treasurer  
(If other title, see instructions)  
Title Treasurer

Stamp

Delete On 5/10/17 714/306-2229

Date

Telephone Number

Clear Signatures

On 5/10/17 714-306-2229

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.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize, bargain collectively and go on strikes according to the Guide to the National Labor Relations Act of 1935. Terms of billing are: \$120/HOUR, PLUS EXPENSES.

#### Specific Activities to be Performed

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

TEST PG CNT

a. Nature of activity:

To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize, bargain collectively and strike.

11.b. Period during which performed:

3/14/16 to 3/23/16

11.c. Extent performed:

activity ended

11.d. Name and address through whom performed:

Name DAVID

BURK

Organization LABOR INFORMATION SERVICES, INC

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

Street 27407 PACIFIC COAST HIGHWAY,

City MALIBU

State California

ZIP Code + 4 90265

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:

MANUFACTURING STAFF

12.b. Identify subject labor organizations:

IAM, LOCAL 751