

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

MAR 10 2015

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)

579565

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65548

Person Filing

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

Name David A Garcia

Title Principal

Organization Buena Creek Management Consulting LLC

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

Street 2134 Buena Creek Road

City Vista

State California

ZIP Code + 4 92084

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 / 15

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Mary A Startz

Organization Lamons Gasket Company

Trade Name, if any

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

Street 7300 Airport Blvd

City Houston

State Texas

ZIP Code + 4 77061

7. Date entered into:

7 / 28 / 2014

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

Name

Name

Name

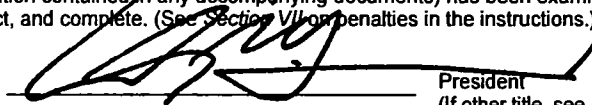
Name

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. (See Section VII on penalties in the instructions.)

13. Signed



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On 02/18/2015

Date

7144763907

Telephone Number

On

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.):

By oral agreement provide services to assist Lamons in NLRB election, with direct interface with employees

Specific Activities to be Performed

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

a. Nature of activity:

Prepare and delivery information to affected employees in NLRB election, directly, and under direction of counsel.

11.b. Period during which performed:

July 28-August 20, 2014

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name David A Garcia
Organization Buena Creek Management Consulting LLC
P.O. Box, Bldg., Room No., if any
Street 2134 Buena Creek Road
City Vista
State California ZIP Code + 4 92084

Additional Name and address through whom performed, if any:

Name Ernesto Zuniga
Organization
P.O. Box, Bldg., Room No., if any
Street 422 E. Florence Avenue
City West Covina
State California ZIP Code + 4 91790

12.a. Identify subject groups of employees:

production workers, maintenance shop personnel

12.b. Identify subject labor organizations:

Steelworker Union Local

Name of Person Filing: David Garcia	File Number C- 65548
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Lamons Gasket Company		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To Mary A Startz		City	
Title Human Resources Director		State ZIP Code + 4	
5.b. Termination Date 08/20/2014		5.c. Amount 82,753	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 82,753			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				9. Office and Administrative Expenses	15,593
				10. Publicity	
				11. Fees for Professional Services	40,800
				12. Loans Made	
				13. Other Disbursements	27,360
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	83,753

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: Lamons Gasket Company	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ernesto Zuniga Title Consultant Organization P.O. Box, Building and Room Number, if any Street 442 E. Florence Avenue City West Covina State California ZIP Code + 4 91790	15.d. Amount 35,580 15.e. Purpose Direct persuader activity and assist in meetings with affected employees.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 35,580	