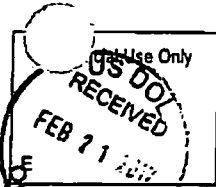


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U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

FORM LM-20 *COPY*  
**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)

6418426  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: *c 65324*

<b>Person Filing</b> <i>William T. Herrera</i>	
<b>2. Name and mailing address (include ZIP Code):</b>	
Name	Name
Title	Title
Organization <i>People Solutions Group</i>	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street <i>9427 Reston Grove Lane</i>	Street
City <i>Houston</i>	City
State <i>TX</i> ZIP Code + 4 <i>77095</i>	State ZIP Code + 4
<b>4. Date fiscal year ends:</b> <i>6/2016</i>	<b>3. Any other address where records necessary to verify this report are kept:</b>
<b>5. Type of person:</b> a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

<b>Nature of Agreement or Arrangement</b>	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b>	
Name <i>Alejandra Vazquez</i>	<b>7. Date entered into:</b> <i>5/2016</i>
Organization <i>Tornado BUS Company</i>	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street <i>8130 E RL Thorton Pkwy</i>	
City <i>Dallas</i>	
State <i>Texas</i> ZIP Code + 4 <i>75228</i>	<b>8. Name of person(s) through whom made:</b>
	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 <i>[Signature]</i> President (If other title, see instructions)	14. Signed _____ Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>

On *6/15/2016* *832 392-2681*  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

COPY Tornado Bus Co.  
File Number C- 65324

Filer:

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

☒ 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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meetings with employees on their rights  
under the NLR A

11.b. Period during which performed:

5/16/2016

11.c. Extent performed:

TBD

11.d. Name and address through whom performed:

Name

Organization

LRI

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

Street

1529

City

Broken Arrow

State

OK

ZIP Code + 474013

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:

Bus Drivers

12.b. Identify subject labor organizations:

CWA