

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)

541212
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: **C- 65771**

Person Filing

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

Name **Stephen D Wardrop**

Title **President/Owner**

Organization **Wardrop Labor Consulting, LLC**

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

Street **3473 Johnson Ferry Road**

City **Roswell**

State **Georgia**

ZIP Code + 4 **30075**

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 / 13

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 **Paul Fox**

Organization **OK Industries**

Trade Name, if any

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

Street **4601 North 6th Street**

City **Fort Smith**

State **Arkansas**

ZIP Code + 4 **72904**

7. Date entered into:

11 / 26 / 2013

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

Name **Paul Fox**

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 **2/7/2014**

Date

770-641-0031

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.):

\$1,500 per day plus reasonable travel expenses.
Verbal agreement

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

11.b. Period during which performed:

various days beginning 12/2/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phil Wilson
Organization LRI Consulting Services
P.O. Box, Bldg., Room No., if any 1529
Street 7850 South Elm Place
City Broken Arrow
State Oklahoma ZIP Code + 4 74013

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:

Production and maintenance; shipping and receiving; lead persons; quality assurance and sanitation employees.

12.b. Identify subject labor organizations:

United Food and Commercial Workers