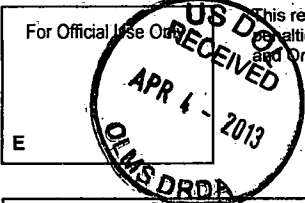


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

524653

1. File Number: C- 00676

### Person Filing

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

Name Carlos Ortiz  
Title President  
Organization Solutions Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 7426 Cherry Ave., Suite 210-106  
City Fontana  
State California ZIP Code + 4 92336

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 312 N. Belmont Ave.  
City Los Angeles  
State California ZIP Code + 4 90026

4. Date fiscal year ends:

DEC / 31

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 C.R. Hall  
Organization Hall's Culligan Water- Culligan of Sylmar  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any 15580  
Street Roxford Street  
City Sylmar  
State California ZIP Code + 4 91342

7. Date entered into:

7 / 3 / 2012

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

Name Jacob M Monty  
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

Title Treasurer

Treasurer  
(If other title, see instructions)

On 3/20/13

Date

(909) 910 - 5575

Telephone Number

On \_\_\_\_\_

Date

Telephone Number

Filer:

CARLOS ORTIZ

File Number C-

00676

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.):

Paid a flat daily rate, plus expenses reimbursed while at client's facility. No written agreement was executed.

## Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to support or not to support a Labor Organization.

11.b. Period during which performed:

7/3/2012

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name  Jacob  M  Monty

Organization  Latino Labor Persuaders

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

Street  150 W. Parker Rd. Fourth Floor

City  Houston

State  Texas ZIP Code + 4  77076

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:

All full-time and part-time delivery drivers, installers, plant operators, route drivers, commercial delivery drivers, plant tech, service technicians, production, warehouse employers, and service mechanics.

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters; General Teamsters Local Union No. 952