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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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. 706843 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Oscar Wilmington Title Title Organization Organization P.O. Box, Bldg., Room No., if any Box 115 P.O. Box, Bldg., Room No., if any Street 2017 Lomita Blvd Street City City Lomita State California ZIP Code + 4 90717 State ZIP Code + 4 4. Date fiscal year ends: 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): 7. Date entered into: 11 / 26 / 2018 Name Gloria Blanchard 8. Name of person(s) through whom made: Organization Brose North America, Inc. Name Peter List Trade Name, if any Brose Jefferson, Inc. Name P.O. Box, Bldg., Room No., if any Suite 100 Name Street 25295 Guenther City Warren Name ZIP Code + 4 48091 State Michigan 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Title Title _

Individual

7/9/2019

Date

310-938-7016

Telephone Number

Telephone Number

Filer: Oscar Wilmington	File Number C-
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 organizatio such employer, except information for use solely in conjunction with an administrative or arbitral pro	

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Oral agreement made with Kulture Consulting, LLC \$262.50 per hour, plus actual and reasonable expenses.

Specific Activities to be Performed

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

Traveled to employer; met with management personnel; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:	11.c. Extent performed:	
Various dates beginning 11/26/18	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter List	Name	
Organization Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Pawleys Island	City	
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All full-time and regular part-time Production and Maintenance employees employed by the employer at its Warren, MI location.	United Auto Workers	

Form LM-20 (2003)