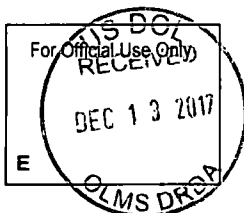


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

658619

1. File Number: C- 67709

### Person Filing

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

Name Oliver J Bell  
Title CEO  
Organization Labor Communications Services, Inc. (LCS)  
P.O. Box, Bldg., Room No., if any  
Street 21394 Big Buck Drive  
City Cleveland  
State TX ZIP Code + 4 77328

#### 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 / 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 Marta Ramirez  
Organization Schenker Inc.  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 1000 N.W. 57th Court, Suite 700  
City Miami  
State FL ZIP Code + 4 33126

#### 7. Date entered into:

11 / 5 / 2017

#### 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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 12/4/17 281-593-1690  
Date Telephone Number

On 12/4/2017 281-593-1690  
Date Telephone Number

Filer:

File Number C- 67799

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.):

To conduct information meetings with employees regarding their right to support or not support a union based on information contained within the Basic Guide to the National Labor Relations Act and other open source data available.

No written agreement.

**Specific Activities to be Performed**

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

a. Nature of activity:

To conduct information meetings with employees regarding their right to support or not support a union based on information contained within the Basic Guide to the National Labor Relations Act and other open source data available.

11.b. Period during which performed:

Nov 5, 2017 - Nov 18, 2017

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Manuel Gonzalez  
Organization Labor Communications Services (LCS), Inc.  
P.O. Box, Bldg., Room No., if any  
Street 21394 Big Buck Drive  
City Cleveland  
State TX ZIP Code + 4 77328

Additional Name and address through whom performed, if any:

Name Jorge Sandoval  
Organization LCS, Inc.  
P.O. Box, Bldg., Room No., if any  
Street 21394 Big Buck Drive  
City Cleveland  
State TX ZIP Code + 4 77328

12.a. Identify subject groups of employees:

All full-time and regular part-time warehouse associates employed by the Employer at its facility currently located at 16110 Cosmos Street, Moreno Valley, California.

12.b. Identify subject labor organizations:

11. d. Name and address through whom performed (cont)

Robert Camacho

Labor Communications Services, Inc.

21394 Big Buck Drive

Cleveland, TX 77328

Fernando Rivera

Labor Communications Services, Inc.

21394 Big Buck Drive

Cleveland, TX 77328