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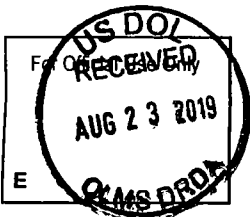Office of Labor-Management
Standards
Washington, DC 20210

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.

708409

US DOL RECEIVED AUG 23 2019 OLMS DRO

1. File Number: **C-** 65880

Person Filing	
2. Name and mailing address (include ZIP Code):	**3. Any other address where records necessary to verify this report are kept:**
Name Amed Santana	Name
Title President	Title
Organization Santana International Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7049 Westwind Dr., Suite 6001	Street
City El Paso	City
State Texas ZIP Code + 4 79912	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 31	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:** 5 / 7 / 2019
Name	
Organization Freedman Seating Company	**8. Name of person(s) through whom made:**
Trade Name, if any	Name Craig Freedman
P.O. Box, Bldg., Room No., if any	Name
Street 4545 W. Augusta Boulevard	Name
City Chicago	Name
State IL ZIP Code + 4 60651	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 _(signature)_	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title _____	
On 8/12/2019 915-215-3725		On _____	
Date Telephone Number		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.):

Verbal agreement made through LRI Consulting Services, Inc. $1,500 per day plus reasonable travel expenses.

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:	11.c. Extent performed:
various days beginning 5/9/19	Fully Performed

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Phillip B Wilson	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
various employees	pre-petition