

FORM LM-20
AGREEMENT & ACTIVITIES REPORT

Form Approved
Office of Management and Budget

No: 1245-0003
Expires: 09/30/2021

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 Relations and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
E LMS DRDA

1. a. File Number: C- 65668

☐ Amended Report

712850

2. Name and mailing address (include ZIP code):		3. Any other address where records necessary to verify this report are kept:	
Name: Kirk O Cummings		Name:	
Title: President		Title:	
Organization: Cummings Group, LLC		Organization:	
P.O. Box, Bldg., Room No., if any: PO Box 882		P.O. Box, Bldg., Room No., if any:	
Street:		Street:	
City: Lapeer State: MI ZIP: 48446		City: State: ZIP:	
4. Date fiscal year ends: Dec -19		5. Type of person: <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input checked="" type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name (first, middle, last): Richard Silverwood	
Organization: Mason-Dixon Intermodal D/B/A Universal Intermodal	
Trade Name, if any:	
P.O. Box, Bldg., room No., if any:	
Street: 2035 Vista Bella Way	
City: Compton State: CA ZIP: 90220	
7. Date entered into: 11/09/2019	
8. Name of person(s) through whom made: Name: Richard Silverwood	
- Additional names at the end of the report	

Signature and Verification

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)
Date: 12/7/2019 Telephone Number: 248-210-1162

14. SIGNED: [Signature] (If other title, see instructions)
Date: 12/7/2019 Telephone Number: 248-210-1162

Nature of Agreement or Arrangement (Continuation)

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form.)

Written Agreement/Arrangement

Oral agreement \$375/hr

Specific Activities to be performed

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

Activity 1

a. Nature of activity

Travel to the employer's facilities. Meet with drivers and discuss their rights pursuant to the NLRA, voting procedures, date, time, and location of the vote, and provide information regarding collective bargaining, unions and the requirements of union membership, and answer questions regarding all of the above. Advise, consult, and assist management regarding their interaction with the NLRB and employees.

11b. Period during which activities performed:

11/9/2019-12/4/2019

11c. Extent performed:

100%

11d. Name and Address of person(s) through whom activities were performed:

Name (first, middle, last) Carlos Ortiz

Organization: Solutions LRC

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

Street

City

State

ZIP

Suite 210-216 7426 Cherry Ave

Fontana

CA

92336

12a. Identify subject groups of employees:

All full-time and part-time port drivers employed by the Employer working or dispatched out of the Employer's facility currently located at 2035 Vista Bella Way, Compton, CA

12b. Identify subject labor organizations:

International Brotherhood of Teamsters