

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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.

572531

1. File Number: C- 00556

### Person Filing

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

Name Robert J Carroll

Title Exective Vise President

Organization Permanent Solotions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Road

City Brownstown

State Michigan

ZIP Code + 4 48183

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 Alien Conley

Organization Constellium Automotive USA LLC

Trade Name, if any

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

Street 46555 Magellan Drive

City Novi

State Michigan

ZIP Code + 4 48337

7. Date entered into:

5 / 12 / 2014

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

Date

Telephone Number

On

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.):

consult on a per hour basis, fee schedule based on a per hour fee. conduct small group training.

**Specific Activities to be Performed**

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

a. Nature of activity:

conduct small group training sessions on the employers labor relation climate.

11.b. Period during which performed:

5/14/2014 till 8/6/2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Robert Carroll  
Organization Permanent Solotions Labor Consultants  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Stephen Sestina  
Organization Permanent Solotions Labor Consultants  
P.O. Box, Bldg., Room No., if any #374  
Street 23772 West Road  
City Brownstown  
State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

All non management employees

12.b. Identify subject labor organizations:

UAW

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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>conduct small group training sessions on the employers labor relation climate.</p>	
11.b. Period during which performed:	11.c. Extent performed:
<p>11.d. Name and address through whom performed:</p> <p>Name Sal Castillo</p> <p>Organization Permanent Solotions Labor Consultants</p> <p>P.O. Box, Bldg., Room No., if any #374</p> <p>Street 23772 West Road</p> <p>City Brownstown</p> <p>State Michigan ZIP Code + 4 48183</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jeff Zeh</p> <p>Organization Permanent Solotions Labor Consultants</p> <p>P.O. Box, Bldg., Room No., if any #374</p> <p>Street 23772 West Road</p> <p>City Brownstown</p> <p>State Michigan ZIP Code + 4 48183</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Ricardo Torres</p> <p>Organization Permanent Solotions Labor Consultants</p> <p>P.O. Box, Bldg., Room No., if any #374</p> <p>Street 23772 West Road</p> <p>City Brownstown</p> <p>State Michigan ZIP Code + 4 48183</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization Permanent Solotions Labor Consultants</p> <p>P.O. Box, Bldg., Room No., if any #374</p> <p>Street 23772 West Road</p> <p>City Brownstown</p> <p>State Michigan ZIP Code + 4 48183</p>
<p>12.a. Identify subject groups of employees:</p> <p>All non management employees</p>	<p>12.b. Identify subject labor organizations:</p> <p>UAW</p>