

# 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.

654046

1. File Number: C-

66726

### Person Filing

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

Name Carlos Flores

Title Labor-Relations Consultant

Organization Flores Labor Relations Inc.

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

Street 30000 Avenida Cima Del Sol

City Temecula

State California

ZIP Code + 4 92591

3. Any other address where records necessary to verify this report are kept:

Name N/A

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 Aaron Menser

Organization Advance Stores Company Inc.

Trade Name, if any Advance Auto Parts

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

Street 5673 Airport Road

City Roanoke,

State Virginia

ZIP Code + 4 24012

7. Date entered into:

8 / 4 / 2017

8. Name of person(s) through whom made:

Name Aaron Menser

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

*Carlos Flores*

President  
(If other title, see instructions)

Title President

14. Signed

*Carlos Flores*

Treasurer  
(If other title, see instructions)

Title Treasurer

On 08/04/2017

Date

909-772-5317

Telephone Number

On 08/04/2017

Date

909-772-5317

Telephone Number

Filer: Carlos Flores      Flores Labor Relations Inc.	File Number C-
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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.):

A verbal agreement LRI consulting Services Inc., \$1500.00 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 excersising their rights to organize and bargain collectively.

11.b. Period during which performed: 03/10/2017	11.c. Extent performed: Various Days beggining 03/13/2017
11.d. Name and address through whom performed: Name Phillip                      Wilson Organization LRI Consulting Services Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm St.E City Broken Arrow State Oklahoma                      ZIP Code + 4 74011	Additional Name and address through whom performed, if any: Name Phillip                      Wilson Organization LRI Consulting Services Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm St.E City Broken Arrow State Oklahoma                      ZIP Code + 4 74011
12.a. Identify subject groups of employees: Warehouse Employees, Laborers	12.b. Identify subject labor organizations: Warehouse Employees, Laborers