

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

7/22/2


1 File Number C- 00464

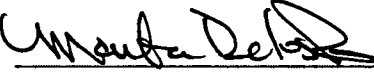
Person Filing	
2 Name and mailing address (include ZIP Code)	3 Any other address where records necessary to verify this report are kept
Name Marta De los Rios	Name
Title Office Manager	Title
Organization Labor Information Services, Inc	Organization
P O Box, Bldg, Room No, if any PO Box 6063	P O Box, Bldg Room No if any
Street	Street
City Malibu	City
State California ZIP Code + 4 90264	State ZIP Code + 4
4 Date fiscal year ends Dec / 19	5 Type of person a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify)

Nature of Agreement or Arrangement	
6 Full name and address of employer with whom made (include ZIP Code)	7 Date entered into 9 / 2 / 2019
Name Melissa Skolnick	8 Name of person(s) through whom made
Organization Axalta Coating Systems	Name Melissa Skolnick
Trade Name, if any	Name
P O Box Bldg Room No if any Suite 3600-Room 3658	Name
Street 2001 Market Stree	Name
City Philadelphia	Name
State Pennsylvania ZIP Code + 4 19103	

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  President
(If other title see instructions)
Title President

14 Signed  Treasurer
(If other title see instructions)
Title Other (Specify)
Office Manager

On 11/19/2019 800-721-4547
Date Telephone Number

On 11/19/2019 800-721-4547
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)

Starting September 3, 2019 until the assignment ends (no end date has been determined, our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election There is no maximum number of hours allocated to this work assignment Billing of time and expenses will be done monthly There is no written agreement as to a maximum billing amount

Specific Activities to be Performed

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

a Nature of activity

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining

11 b Period during which performed

9/3/19 until end of assignment

11 c Extent performed

On-going

11 d Name and address through whom performed

Name Philip Brown
Organization Labor Information Services, Inc

P O Box Bldg Room No if any PO Box 6063

Street

City Malibu

State California ZIP Code + 4 90264

Additional Name and address through whom performed if any

Name Carlos Flores

Organization Labor Information Services, Inc

P O Box Bldg Room No if any PO Box 6063

Street

City Malibu

State California ZIP Code + 4 90264

12 a Identify subject groups of employees

All voting employees in the bargaining unit

12 b Identify subject labor organizations

All voting employees in the bargaining unit