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AGREEMENT AND ACTIVITIES REPORT

Font

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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U.S. Crepartment of Labor
Office of Labor-Management
Standards

Washington, DC 202 Reset

report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil alties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals Ornanizations. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA) Group

E READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
574628	
1. File Number: C- 70	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name DAVID C ACOSTA	Name
Title PRESIDENT/TREASURER	Title
Organization REDSTONE ENTERPRISES	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5415 E WILLOWICK CIRCLE	Street
City ANAHEIM	City
State California ZIP Code + 4 92807	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: 10 / 20 / 2014
Name	8. Name of person(s) through whom made:
Organization WESTPORT AXLE	Name JOHN STOLTZFUS
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	Name
Street 650 BOULDER DR, SUITE 100A	Name
City BREINIGSVILLE	Name
State Pennsylvania ZIP Code + 4 18031	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct Not Ready To Sign s in the instructions.) 13. Signed President	
(If other title, see instructions)	(If other title, see instructions)
Title David Acosta	Title David Acosta
amp elete On 12/22/14 714/306-2229	On 12/22/14 714-306-2229
Date Telephone Number	Date Telephone Number

Filer:	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.): Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively according to the Guide to the Labor Relations Act of 1935. Terms of billing are: \$150/HOUR.		
* 		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: TEST PG CNT To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively.		
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11.b. Period during which performed: various days from 10/20 to 11/21/14	11.c. Extent performed: activity was completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name KIRK CUMMINGS	Name	
Organization CUMMINGS CONSULTING GROUP	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street PO BOX 760	Street	
City LAPEER	City	
State Michigan ZIP Code + 4 48446	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
MANUFACTURING WORKERS	UAW Union	
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