

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

706580

1. File Number: C- 68694

### Person Filing

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

Name Rian Wathen

Title

Organization Independent Center for Worker Education

P.O. Box, Bldg., Room No., if any #201

Street 8206 Rockville Road

City Indianapolis

State Indiana

ZIP Code + 4 46214

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 / 19

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 Nicole Walters

Organization Interlake Mecalux, Inc.

Trade Name, if any

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

Street 1600 North 25th Ave, Melrose Park

City Chicago

State Illinois

ZIP Code + 4 60160

7. Date entered into:

2 / 13 / 2019

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

Name Peter List

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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On 6/24/2019

Date

317-850-0990

Telephone Number

On

Date

Telephone Number

Filer: Rian Wathen      Independent Center for Worker Education	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.):

Oral agreement made with Kulture Consulting, LLC \$262.50 per hour, plus actual and reasonable expenses.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Traveled to employer; met with management personnel; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.</p>	
<p>11.b. Period during which performed:</p> <p>February-March</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Peter                      List</p> <p>Organization    Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any    P.O.    Box    2877</p> <p>Street</p> <p>City    Pawleys Island</p> <p>State    South Carolina                      ZIP Code + 4    29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State    ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time production employees employed by the employer at its Pontiac, IL location.</p>	<p>12.b. Identify subject labor organizations:</p> <p>United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO</p>