

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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.

1. File Number: C- 617

Person Filing

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

Name Herman c Wiggins

Title Consultant

Organization

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

Street 8017 McKee Blvd

City Oklahoma City

State Oklahoma ZIP Code + 4 73132

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

Name NONE

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 5

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

Organization Polyone Corporation

Trade Name, if any

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

Street 33587 Walker Road

City Avon Lake

State Ohio ZIP Code + 4 44012

7. Date entered into: / /

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

Name Dennis O'Keefe

Name

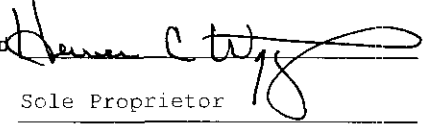
Name

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 Sole Proprietor

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.):

Provide labor consultation for a total of ten(10)days @ a rate of \$1200.00 per day.

Specific Activities to be Performed

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

a. Nature of activity:

To only circulate throughout the employees work areas on each shifts for the purpose of answering questions employees may have pertaining to labor relations.

11.b. Period during which performed:

02/14/05 to 02/23/05

11.c. Extent performed:

Work completed

11.d. Name and address through whom performed:

Name

Organization Polyone Corporation

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

Street 33587 Walker Road

City Avon Lake

State Ohio

ZIP Code + 4 44012

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State Ohio

ZIP Code + 4 44012

12.a. Identify subject groups of employees:

Hourly employees identified in the Bargaining Unit. Approximately 120 employees.

12.b. Identify subject labor organizations:

United Auto Workers