

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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.

653996

1. File Number: C- 65324

Person Filing

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

Name William Herrera

Title

Organization

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

Street 23914 Waterhole Ln

City San Antonio

State TX

ZIP Code + 4 78261

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:

12/31/2017

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 Mike Esposito

Organization XPO Logistics

Trade Name, if any

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

Street Five America Lane

City Greenwich

State CT

ZIP Code + 4 06831

7. Date entered into:

3/27/2017

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

Name

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)

14. Signed

Treasurer
(If other title, see
instructions)

Title President

Title Treasurer

On

5/10/2017
Date

832-392-2681
Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meeting with employees from XPO

11.b. Period during which performed:

3/27/2017 to 4/14/2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Debbie Barnett Business Manager
 Organization LRT Consulting Services Inc
 P.O. Box, Bldg., Room No., if any
 Street 7850 S Elm Place Ste E
 City Broken Arrow
 State OK ZIP Code + 4 74011

Additional Name and address through whom performed, if any:

Name
 Organization
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

Drivers: Reps/City; Road and
 Hostlers (Spotters)

12.b. Identify subject labor organizations:

IBT Local 179