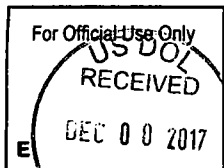


FORM LM-20

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.

658538

1. File Number: C- 00742

Person Filing

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

Name William D Leopardi
Title President
Organization Leopardi Labor Solutions
P.O. Box, Bldg., Room No., if any
Street 28161 Haria
City Mission Viejo
State California ZIP Code + 4 92692

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

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

4. Date fiscal year ends:

Dec / 31

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 Jason Lambert
Organization West Coast Industries, Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 10 JACKSON ST.
City SAN FRANCISCO
State CA ZIP Code + 4 94111

7. Date entered into:

10 / 31 / 2017

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

Name JASON LAMBERT
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 William Leopardi
Title President

President
(If other title, see instructions)

14. Signed
Title Treasurer

Treasurer
(If other title, see instructions)

On 11-30-2017
Date

949-637-3207
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.):

Hourly M. EXPENSES REIMBURSED

Specific Activities to be Performed

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

a. Nature of activity:

AT COLTON, CA LOCATION

CONDUCTED ONE MEETING TO EXPLAIN DYNAMICS OF ON-GOING NEGOTIATIONS INVOLVING UAW EMPLOYEES IN LOS ANGELES WHERE I SERVE AS CHIEF SPOKESPERSON FOR PAST SEVERAL CONTRACTS.

11.b. Period during which performed:

OCT 31, 2017

11.c. Extent performed:

COMPLETED ONE 1 1/2 hr mtg

11.d. Name and address through whom performed:

Name *MYSELF*

Organization

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

Street

City

State ZIP Code + 4

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:

*PRODUCTION EMPLOYEES AT UAW
COLTON FACILITY*

12.b. Identify subject labor organizations:

UNKNOWN