

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

648429

1. File Number: c 66738

Person Filing <u>William T. Herrera</u>	
2. Name and mailing address (include ZIP Code): Name Title Organization <u>WPSC GROUP</u> P.O. Box, Bldg., Room No., if any Street <u>7927 Saddle Rock</u> City <u>Selma</u> State <u>TX</u> ZIP Code + 4 <u>78154</u>	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: <u>1/31/2016</u>	5. Type of person: a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>Randy Stroud</u> Organization <u>Minarch Mountain</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>#1 Powder Place</u> City <u>Minarch</u> State <u>CO</u> ZIP Code + 4 <u>81227</u>	7. Date entered into: <u> / / </u> 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 <u>President</u>		Title <u>Treasurer</u>	

In _____

Date

Telephone Number

On _____

Date

Telephone Number

240

66738

From: Debbie Barnett <dbarnett@trionline.com>

To: William Herrera <wpscgroup@aol.com>; Pat O'Mara <pomara@triconsultants.com>; Rick Farr
<rickbfarr@gmail.com>

Subject: Vail LM 20 info

Date: Wed, Apr 20, 2016 3:00 pm

Mark Gasta
Vail Resorts Management Company
390 Interlocken Crescent
Broomfield, CO 80021

engaged 3/1/16
various days beginning 3/2/16

Ski Instructors
Communication Workers