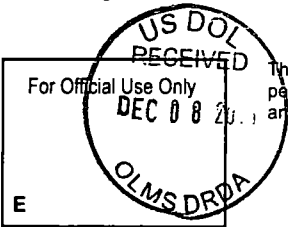


Amended.

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)

601511

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65802

Person Filing

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

Name

Title

Organization International Labor Relations

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 / 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

Organization Blick Art Materials

Trade Name, if any

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street 695 US HWY 150 E

City Galesburg

State Illinois

ZIP Code + 4 61401

7. Date entered into:

6 / 1 / 2014

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

Name Robert Buchsbaum

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 President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 6/30/2014 800-555-7509
Date Telephone Number

On 6/30/2014 800-555-7509
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.):

see attached agreement

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 6/1/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization Pinnacle Labor Relations

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

Street 1557 Countrywood Lane

City Escalon

State California

ZIP Code + 4 95320

Additional Name and address through whom performed, if any:

Name

Organization Pacific Labor Relations

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

Street 5300 W. Memorial Rd Apt W

City OKC

State Oklahoma

ZIP Code + 4 73142

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 6/1/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

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 Jackie

Mieluchowski

Organization

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

Street 47 E. Johnathon Ct

City Kenneth Square

State Pennsylvania

ZIP Code + 4 19348

Additional Name and address through whom performed, if any:

Name Estevan

Jara

Organization

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

Street 10380 Rochelle Ave

City Santee

State California

ZIP Code + 4 92071

Additional Name and address through whom performed, if any:

Name Zak

Lagren

Organization

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

Street 14520 W. Mockingbird Ln

City Sand Springs

State Oklahoma

ZIP Code + 4 74063

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 6/1/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Carl Newman

Organization

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

Street 1261 E. Old North Rd

City Sand Springs

State Oklahoma ZIP Code + 4 74063

Additional Name and address through whom performed, if any:

Name

Organization CC International

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

Street 8086 S. Yale Ave Suite 268

City Tulsa

State Oklahoma ZIP Code + 4 74136

Additional Name and address through whom performed, if any:

Name Estevan Jara

Organization

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

Street 10380 Rochelle Ave

City Santee

State California ZIP Code + 4 92071

Additional Name and address through whom performed, if any:

Name Zak Langren

Organization

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

Street 14520 W. Mockingbird Ln

City Sand Springs

State Oklahoma ZIP Code + 4 74063

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 6/1/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Floyd Hightower

Organization

P.O. Box, Bldg., Room No., if any P.O. Box 222

Street

City Carleton

State Oklahoma ZIP Code + 4 74081

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

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

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:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations: