

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)

617633

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 66907

Person Filing

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

Name John D Tebben
Title Independent Labor Consultant
Organization
P.O. Box, Bldg., Room No., if any
Street 12528 Pinecrest Dr
City Plymouth
State Michigan ZIP Code + 4 48170

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 Metalsa Structural Products, Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 750 N. Black Branch Rd.
City Elizabethtown
State Kentucky ZIP Code + 4 42701

7. Date entered into:

11 / 30 / 2015

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

Name Michael Marsh
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 John D. Tebben President
(If other title, see instructions)
Title Sole Proprietor

14. Signed _____ Treasurer
(If other title, see instructions)
Title Other (Specify)
N/A

On 03/25/2015 313-300-1637
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.):

Oral Agreement: \$225 per hour plus reasonable travel expenses

Travel expenses (airfare) paid in 2015: \$1,928

Accrued (hours worked and travel expenses) in 2015 under this oral agreement that were not invoiced or paid in 2015:

- 9 hours @ \$225 per hour: \$2,025.00
- Travel expenses: \$ 552.99

Specific Activities to be Performed

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

a. Nature of activity:

Participated in employee meetings regarding United Steelworkers' organizing activity at Metalsa structural Products, Inc.'s Owensboro, Kentucky facility. The objective of my participation was to inform employees regarding the implications of unionization and the collective bargaining process, and persuade employees to vote "No" in a representation election.

11.b. Period during which performed:

December 1-31, 2015

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Clifford C Cameron

Organization Metalsa Structural Products, Inc.

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

Street 29575 Hudson Drive

City Novi

State Michigan

ZIP Code + 4 48377

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 and Maintenance employees at Metalsa Structural Products, Inc.'s Owensboro, Kentucky facility

12.b. Identify subject labor organizations:

United Steelworkers

Item 11.a Continuation From Page 2

N/A