

# 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.

1. File Number: C- 643 363 963

## Person Filing

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

Name Chris Cimino

Title President

Organization CACR, INC.

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

Street 1141 West Washington Blvd, #235

City Chicago

State Illinois

ZIP Code + 4 60607

### 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 Kathleen Sullivan

Organization Corey Steel Company

Trade Name, if any

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

Street 2800 South 61st Court

City Cicero

State Illinois

ZIP Code + 4 60804

### 7. Date entered into:

12 / 27 / 2008

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

Name Kathleen Sullivan

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 03/07/2009

Date

312-433-0003

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.):

To educate employees of their rights under the National Labor Relations Act and to truthfully inform employees of the possible down-sides to unionization.

## Specific Activities to be Performed

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

## a. Nature of activity:

A staff member from CACR (John Aguilar) walked through the plant occasionally and made himself available to answer questions.

## 11.b. Period during which performed:

Janaury 2009

## 11.c. Extent performed:

## 11.d. Name and address through whom performed:

Name John Aguilar

Organization

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

Street 1920 School House Lane

City Aurora

State Illinois

ZIP Code + 4 60506

## 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:

Steel processiong plant

## 12.b. Identify subject labor organizations:

Steelworkers