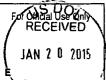
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

2 MD Subm (5) 102

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

	ement Reporting and Disclosure Act of 1959, as amended. (LMRDA)	1 2
I JAN 2 0 2015 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
MSDROT		! !
1. File Number: C- NG		
		! <del></del>
Person Filing William Herrera		
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this re	port are kept:
Name William Herrera	Name	
Title	Title	
Organization WPSC 6200P	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 9427 RESTON Trave LA	Street	
City Houston	City	
State 1× ZIP Code + 4 77095	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
12 / 3 / a. Andividual b. Partnership	c. Corporation d. Other (Specify):	
	to the second se	-
Nature of Agreement or Arrangement		
6. Full name and address of employed with whom made (include ZIP Code):	7. Date entered into: 8/1 /2014	
Name Katch Kan		*
Organization	Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street	Name	
City VON Onny	Name	
State TX ZIP Code + 4 78073	Name	1,000
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 / Président	14. Signed	Treasurer
(If other title, see instructions)	* * *	(If other title, see instructions)
Title Presteent	Title Treasurer	
on 9/15/2014 28/-550-8563	On	
Date Telephone Number	Date Telephone Number	+

Filer William Herrera	File Number C-		
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.):			
None			
Specific Arthrities to be Performed  44. For each arthritis appropriate list in detail the information required (See instructions):			
11. For each activity, separately list in detail the information required (See instructions): <ul> <li>a. Nature of activity:</li> </ul>			
Training & Persuading			
	I 2		
11.b. Period during which performed:  8/7 + 8/31 2014	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name William Herrera	Name		
Organization	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 9427 ResTON Grove LN	Street		
city Houston	City		
State 1x ZIP Code + 4 77 095	State ZIP Code + 4		
12.a. Identify subject groups of employees.	12.b. Identify subject labor organizations:		
TechNICIANS			