

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.

657125

1. File Number: C- 00483

Person Filing

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

Name
Title
Organization Cruz & Associates
P.O. Box, Bldg., Room No., if any 1831
Street
City Upland
State California ZIP Code + 4 91785

3. Any other address where records necessary to verify this report are kept:

Name NA
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 Janis Walters
Organization Dyno Nobel
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 63149 Columbia River Highway
City Deer Island
State Oregon ZIP Code + 4 97054

7. Date entered into:

9 / 10 / 2017

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

Name NA
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 Sepe Ory President
(If other title, see instructions)
Title Other (Specify) CEO

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On 09/25/17 909-980-8736
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.):

Hourly rate plus expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 Rights and answer questions using the NLRB documents.

11.b. Period during which performed:

ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Joseph Starling

Organization

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

Street 10417 N. MacArthur BLVD, #239

City Irving

State Texas ZIP Code + 4 75063

Additional Name and address through whom performed, if any:

Name Fernando Rivera

Organization AFRS

P.O. Box, Bldg., Room No., if any 91140

Street

City San Bernadino

State California ZIP Code + 4 92407

12.a. Identify subject groups of employees:

Purchasing

12.b. Identify subject labor organizations:

Papermill workers union

Filer:

File Number C- 00483

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.):

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

11.c. Extent performed:

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

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: