

FORM LM-20 - AGREEMENT & ACTIVITIES REPORT

Office of Labor-Management Standards U.S. Department of Labor

OMB No. 1245-0003 . Expires 01-31-2025 .

IMPORTANT: 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).

For Official Use Only

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► Read the instructions carefully before completing this report. ◀

1.a. File Number: C- 69068		Amended: <input type="checkbox"/>
2. Name and mailing address (including Zip Code): Name: James M Monica Title: President Organization: American Labor Relations Group, Inc. P.O. Box., Bldg., Room No., if any: PO Box 493 Street: City: Huger State: SC ZIP code: 29450		3. 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. Date fiscal year ends: Dec / 31		5. Type of person a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other Specify:

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Christine Ortiz Organization: Micross Components, Inc. Trade Name, if any: P.O. Box., Bldg., Room No., if any: Street: 225 Broadhollow Road, Suite 305 City: Melville State: NY ZIP code: 11747	7. Date entered into 08/16/2023 8. Name of person(s) through whom made: Name: Christine Ortiz

Signature and Verification

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 VIII on penalties in the instructions.)

13. SIGNED: James M Monica
Title: PRESIDENT
Date: Sep 26, 2023
Telephone Number: 908-507-6869

14. SIGNED:
Title: TREASURER
Date:
Telephone Number:

9. Check the appropriate box(es) 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.):

☒ Written Agreement/Arrangement

Pursuant to a written agreement entered into on or about August 16, 2023, American Labor Relations Group, Inc. conducted meetings with Micross employees regarding unionization, rights of the parties involved and the collective bargaining process. Micross paid ALG according to the hourly rates established in the attached written agreement.

Specific Activities to be performed**Activity 1****11. For each activity, separately list in detail the information required.** (See instructions.)

a. Nature of activity: Pursuant to a written agreement entered into on or about August 16, 2023, American Labor Relations Group, Inc. conducted meetings with Micross employees regarding unionization, rights of the parties involved and the collective bargaining process. Micross paid ALG according to the hourly rates established in the attached written agreement.

11.b. Period during which activities performed:

August 16, 2022 through September 26, 2023

11.c. Extent of performance:

Not a consistent schedule

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name: Christine Ortiz **Organization:** Micross Components, Inc.

P.O. Box, Bldg., Room No., If any: **Street:** 225 Broadhollow Road, Suite 305 **City:** Melville **State:** NY **Zip:** 11747

12.a. Identify subject groups of employees:

All hourly, non-supervisory coworkers.

12.b. Identify subject labor organizations:

International Association of Machinists & Aerospace Workers Local 264