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# AGREEMENT AND ACTIVITIES REPORT

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

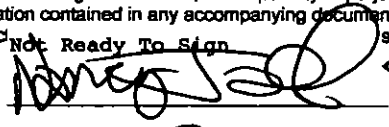
332524

1. File Number: C 00711

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Nancy E Jowske
Title	sole proprietor
Organization	Jowske Consulting Services LLC
P.O. Box, Bldg., Room No., if any	
Street	4435 Cornwell
City	Whitmore Lake
State	Michigan
ZIP Code + 4	48189
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:	5. Type of person:
Dec / 13	a. Individual b. Partnership c. Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization	Caterpillar Company
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	101 N. E. Adams
City	Peoria
State	Illinois
ZIP Code + 4	61629
7. Date entered into: 06 / 24 / 2013	
8. Name of person(s) through whom made:	
Name	Ron Hasinger
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.	
13. Signed  Title <u>OWNER</u>	14. Signed _____ Title _____
Not Ready To Sign	Not Ready To Sign
Stamp	Stamp
Delete On 7/1/2013 734 478 5155	Delete On _____
Date Telephone Number	Date Telephone Number
Clear Signatures	Clear Signatures

Filer:

**JOWSKE CONSULTING SERVICES**

File Number C-

**00711**

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.):

Agreement to provide consultation and educational meetings with employees about exercising their right to bargain collectively. Terms \$1500. per day plus expense.

**Specific Activities to be Performed**

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

TEST PG CNT

- a. Nature of activity:  
Consultation and educational meetings with employees about exercising their right to bargain collectively.

11.b. Period during which performed:  
6/25/2013 - 6/28/2013

11.c. Extent performed:  
completed

11.d. Name and address through whom performed:

Name

Organization **LRI Consulting Services INC**

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

Street **7850 South Elm Place**

City **Broken Arrow**

State **Oklahoma** ZIP Code + 4 **74011**

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:

**Distribution center employees**

12.b. Identify subject labor organizations:

**United Auto Workers**