

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

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

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019



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

| FEB 2 2 2017 | LLY BEFORE PREPARING THIS REPORT. | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| 1. File Number: C- 66726 | | | | | | | | |
| | | | | | | | | |
| Person Filing | | | | | | | | |
| Name and mailing address (include ZIP Code): | Any other address where records necessary to verify this report are kept: | | | | | | | |
| Name Carlos Flores | Name N/A | | | | | | | |
| Title Consultant | Title | | | | | | | |
| Organization C&C Consultant | Organization | | | | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | | | | | | |
| Street 30000 Avenida Cima Del Sol | Street | | | | | | | |
| City Temecula | City | | | | | | | |
| State California ZIP Code + 4 92591 | State ZIP Code + 4 | | | | | | | |
| 4. Date fiscal year ends: 5. Type of person: | | | | | | | | |
| Dec / 16 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 Nick Beaver | 7. Date entered into: 1 / 19 / 2017 | | | | | | | |
| Organization Mechanical Maintenance & Design | 8. Name of person(s) through whom made: | | | | | | | |
| Trade Name, if any | Name Nick Beaver | | | | | | | |
| P.O. Box, Bldg., Room No., if any | Name | | | | | | | |
| Street 1226 Executive Boulevard | Name | | | | | | | |
| City Chesapeake | Name | | | | | | | |
| State Virginia ZIP Code + 4 23320 | 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 President (If other title, see instructions) | 14. Signed Treasurer (If other title, see instructions) | | | | | | | |
| Title President | Title Treasurer | | | | | | | |

01/19/2017

Date

909-772-5317 Telephone Number

01/19/2017

Date

909-772-5317

Telephone Number

| Filer. | Carlos Flores | C&C Consultant | File Number C- 66726 | |
|--------|---------------|----------------|----------------------|--|
|--------|---------------|----------------|----------------------|--|

| 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.): | | | | | | | | | | | | | | |
|---|---|---------|-----|------------|----------|-------|----|------|-----|-----|------|------------|--------|--|
| A Verbal expenses | _ | through | LRI | Consulting | Services | Inc,. | \$ | 1500 | per | day | plus | reasonable | travel | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Specific Activities to be Performed

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

Engaged to communicate to employees regarding excercising their rights to organize and Bargain collectively.

| 11.b. Period during which performed: | 11.c. Extent performed: | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Engaged 08/05/16 | Various days 08/10/16 | | | | | | | |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: | | | | | | | |
| Name phillip Wilson | Name phillip Wilson | | | | | | | |
| Organization LRI Consulting Services Inc. | Organization LRI Consulting Services Inc. | | | | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | | | | | | |
| Street 7850 S. Elm Place, Ste. E | Street 7850 S. Elm Place, Ste. E | | | | | | | |
| City Broken Arrow | City Broken Arrow | | | | | | | |
| State Oklahoma ZIP Code + 4 74011 | State Oklahoma ZIP Code + 4 | | | | | | | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | | | | | | |
| Mechanics, Painters, Sand Blasters, Engineers. | Mechanics, Painters, Sand Blasters, Engineers. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1 | i i | | | | | | | |