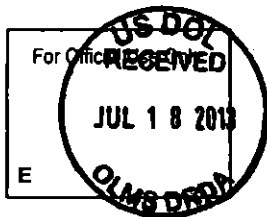


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

532198  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00525

## Person Filing

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

Name

Title

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

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

Organization Caterpillar Company

Trade Name, if any

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

Street 101 N.E. Adams Street

City Peoria

State IL ZIP Code + 4 61629

7. Date entered into:

6 / 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. (See Section VII on penalties in the instructions.)

13. Signed

President  
(If other title, see  
instructions)

Title CEO

14. Signed

Title President

Treasurer  
(If other title, see  
instructions)

On 7/10/2013

Date

918-455-9995

Telephone Number

On 7/10/2013

Date

918-455-9995

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.):

Verbal agreement. \$3,000 per day per consultant plus reasonable travel expenses.

#### 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 exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 6/25/13

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Nancy Jowske  
 Organization Jowske Consulting Services LLC  
 P.O. Box, Bldg., Room No., if any  
 Street 4435 Cornwell Lane  
 City Whitmore Lake  
 State MI ZIP Code + 4 48189

Additional Name and address through whom performed, if any:

Name Eric Vanetti  
 Organization Vantage Point Alliance  
 P.O. Box, Bldg., Room No., if any  
 Street 18632 River Crossing Blvd  
 City Davidson  
 State North Carolina ZIP Code + 4 28036

12.a. Identify subject groups of employees:

Various Employees

12.b. Identify subject labor organizations:

**Specific Activities to be Performed (Continuation Page)**

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Scott Michel

Organization

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

Street 819 Herman Road

City Horsham

State PA ZIP Code + 4 19044

Additional Name and address through whom performed, if any:

Name Derek Vitatoe

Organization Harmony in Diversity Inc

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

Street 2205 Broken Oak Road

City Fort Wayne

State Indiana ZIP Code + 4 46818

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

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:

Various Employees

12.b. Identify subject labor organizations: