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 07-31-2019



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 and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

682222 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filling 2. Name and mailling address (include ZIP Code): Name **EXWALLY E HECKEDSELLY Title COMMUTANT Criganization **P.O. Box, Bidg., Room No., if any Street **City **Street **Title Description **Titl	1. File Number: c - 635		
2. Name and mailling address (include ZIP Code): Name **REXIMALD E. HECKENDERRY Title CONSULTANT Organization TWO. V. DUM P.O. Box, Bldg., Room No., if any Street 33 BELUIDERE ST City NAZANETH State P4 ZIP Code + A IFOCH State ZIP Code + 4 4. Date fiscal year ends: IAFOLI State ZIP Code + A Individual b. Partnership c. Corporation d. Other (Specify): Name UGI HAC ENTAPLES Organization BENLH ILE WECHANICAL 8. Name of person(s) through whom made: Name UGI HAC ENTAPLES Organization BENLH ILE WECHANICAL 8. Name of person(s) through whom made: Name PAM JOSSA K Name Resident 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 Vior) or penalties in the instructions.) 13. Signatures President (If other title, see instructions) Teasurer (If other title, see instructions)			
Name REINNALD E. HECKERDERRY Title CONSULTANT Organization TOD. IV. DUM P.O. Box, Bldg., Room No., if any Street 33 BELVIDERE ST City NAZARETH State P4 ZIP Code + 4 IFOUR State ZIP Code + 4 4. Date fiscal year ends: SType of person: ABILIZER STYPE of person: ABILIZER STYPE of person: ABILIZER STYPE of person: BELLET ABILIZER Trade Name and address of employer with whom made (include ZIP Code): Name UAST IFWAC ENTRACES Organization BELLET ABILIZER STORE IT ABILIZER Name PAM TOCSA K Name PAM			
Title Conscit TANT Organization TWD IN BUT AND ALLERS FO. Box, Bidg., Room No., if any Street 33 BELUIDENE ST City State Pa ZIP Code + A IFOCH State Pa ZIP Code + A Date fiscal year ends: I A 3 I Note of person: I A 3 I Note of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name UAT HWAC ENTANCES Organization BENI HI I WECHARICAL Trade Name, if any P.O. Box, Bidg., Room No., if any Street MENI JAN BLUI Name Name Name Name Name Name Name Nam	_	3. Any other address where records necessary to verify this report are kept:	
Organization P.O. Box, Bidg., Room No., if any Street 33 BELVIDEAE ST City NAZARETH State P4 ZIP Code + 4 ISOCH State State ZIP Code + 4 4. Date fiscal year ends: I A 3 I 20 IS Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name UAT HYAC ENTRYSES Organization BEN HYLL WECHANICH Trade Name, if any Street I MENDIAN BLVI Street ZIP Code + 4 Name PAM JOCSA K Name MIKE MEDELMOTT Name State I MENDIAN BLVI 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) and 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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	Name REEXEVACIO E. HOCKENBEARY	Name	
P.O. Box, Bldg., Room No., if any Street 33 BELUIDENE ST City NAZANETH State P4 ZIP Code + A 18064 State ZIP Code + 4 4. Date fiscal year ends: I A 31 / 2018 5. Type of person: I A 31 / 2018 5. Type of person: I I 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 UAT HUAC ENTRYSES Organization BZAL HYZE WELHANICH Trade Name, if any Name PAM JOCSA K Name MIKE MCDEHMOTT Name Name MIKE MCDEHMOTT Name State ZIP Code + 4 Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, 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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	Title CONSUCTANT	Title .	
Street 33 BELLIDERE ST City NAZARETH State A ZIP Code + 4 150 CM State ZIP Code + 4 4. Date fiscal year ends: Of 81 / 2018 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 UGT HYAC EXTEMPLES Organization BZALH 12 E WELHARLEN Trade Name, if any P.O. Box, Bidg., Room No., if any Street MZALDIAN BLVI Street MZALDIAN BLVI 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 three 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. Signets President (If other title, see instructions) Trage Name	Organization IND. VIDUAL	Organization	
City NAZANETH State A ZIP Code + 4 I FOCH 1. Date fiscal year ends: A 3 A 2 B	P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
State	Street 33 BELVIDENE ST	Street	
4. Date fiscal year ends: Image: Composition State Stat	City NAZARETY	City	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name CLGT HWAC ENTERPLES Organization BERLIN ILE WECHANICAL Trade Name, if any P.O. Box, Bldg., Room No., if any Street MZLIDIAN BLUI City L2ADIAN State A ZIP Code + 4 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.) Treasurer (If other title, see instructions) Treasurer Treasurer Treasurer In Signed	State P4 ZIP Code + 4 18064	State ZIP Code + 4	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name UAT HWAC Extraprises Organization Beas Hine Weckawican Trade Name, if any P.O. Box, Bldg., Room No., if any Street Mean Dian Beas Street Mean Dian Beas Name Mike McDellmott Name Name Name Name State ADIM State ADIM 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 Treasurer (If other title, see instructions)	4. Date fiscal year ends: 5. Type of person:		
6. Full name and address of employer with whom made (include ZIP Code): Name UGT HWAC ENTERPOSES Organization BZAS HYRE WECHANICAL Trade Name, if any P.O. Box, Bldg., Room No., if any Street MZAJIAN BLVI) City LZAJIAN State A ZIP Code + 4 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 true, correct, and complete. (See Section VII on penalties in the Instructions.) President President President President Treasurer (If other title, see instructions) Treasurer (If other title, see instructions)	12/81/2018 a. Undividual b. Partnership	c. Corporation d. Other (Specify):	
6. Full name and address of employer with whom made (include ZIP Code): Name UGT HWAC ENTERPOSES Organization BEAS HORE WEEKANICH Trade Name, if any P.O. Box, Bldg., Room No., if any Street MENDIAN BLUID City LEADING State A ZIP Code + 4 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 true, correct, and complete. (See Section VII on penalties in the Instructions.) President President President Treasurer (If other title, see instructions)			
Name UGT HWAC ENTERPOSES Organization BEASH A E Wechquical Trade Name, if any P.O. Box, Bldg., Room No., if any Street Mentago A Blue City Lead Inn State A ZIP Code + 4 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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	Nature of Agreement or Arrangement		
Name CAT HARC ENTERPOSES Organization BEAS HARE Weekawical Trade Name, if any P.O. Box, Bldg., Room No., if any Street Mesiciplan Beas Hare Mechanical Name Pam Jocsak Name Mike McDellmott Name Name State Para ZIP Code + 4 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) Treasurer (If other title, see instructions)	6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name PAM JOCSA K Name PAM JOC			
P.O. Box, Bldg., Room No., if any Street Mzu DiAN BLUI Name City LaADINA Name Name	Organization BEALTH RE WECHANICAL	8. Name of person(s) through whom made:	
Street Mzw D.AN BLUI) City Lz AD INA State A ZIP Code + 4 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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	Trade Name, if any) · · · · · · · · · · · · · · · · · · ·	
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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	P.O. Box, Bldg., Room No., if any	Name MIKE MCDELMOTT	
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.) President (If other title, see instructions) Treasurer (If other title, see instructions)	Street / MELIDIAN BLUI)	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.) President It is greed		Name	
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) Treasurer (If other title, see instructions)	State ZIP Code + 4	Name	
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.) President (If other title, see instructions) Treasurer (If other title, see instructions)			
(If other title, see instructions) Treasurer (If other title, see instructions)	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.		
President instructions) Treasurer instructions)			
	President instructions)	Treasurer instructions)	
. •		ð	
on \$\frac{128\frac{1}{201}}{6007305052} On	on 8/28/2018 610 730 5052	On .	
Date Telephone Number Date Telephone Number	/ Date Telephone Number	Date Telephone Number	

Filer:	File Number C- 635
9. Check the appropriate box to indicate whether an object of the activities under	ntaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade e collectively through representatives of their own choosing.	mployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of er such employer, except information for use solely in conjunction with	nployees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements	s must be attached.):
PROVIDE LABOR KELATIONS CONSULTING HE	ENVICES
DURING A WOION ORGANIZING CAP PAGE	O 70
INCLUDE PENSUADEN ACTIVITY	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruc	tions):
a. Nature of activity:	
11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Am JOCSAK	Name
Organization UGT HUAC EXTENDED	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1 MENIDIAN BLVD	Street
City LEADING	City
State Pa ZIP Code + 4	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
·	