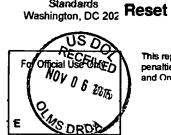
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r∪∺M LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Font

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



1. File Number:

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Office of Labor-Management

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This report is mandatory under P.L. 88-297, 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Form LM-20 (2003)	Sign/Print Report	Page 1 of 2
Date Clear Signatures	Telephone Number	On Date Telephone Number
Stamp Delete On 10 70 15 76	t Rn24.56	
Title		Title
	(If other title, see instructions)	(If other title, see instructions)
13. Signed	President	14. Signed Treasurer
true, correct Not Ready To Sign	s in the instructions.)	by the signatory and is, to the best of the undersigned's knowledge and belief, Not Ready To Sign
Each of the undersigned declares, under the information combined in any account.	er penalty of periury and other applicable	penalties of law that all of the information submitted in this report (including
·	Signat	lures
State Michigan	ZIP Code + 4 49315	Name
City Byron Center		Name
Street 7300 Clyde Park Ave.	SW	Name
P.O. Box, Bldg., Room No., if any		Name
Trade Name, if any		Name Rich Dabney
Organization Brownsville Marine		Name of person(s) through whom made:
6. Full name and address of employer w Name Rich Date	ith whom made (include ZIP Code): onev	7. Date entered into: 6 / 17 / 2015
Nature of Agreement or Arrangement		
Dec / 31	a. Individual b. Partnership	c. Corporation d. 🗸 Other (Specify): LLC
4. Date fiscal year ends:	5. Type of person:	
State California	ZIP Code + 4 94948	State California ZIP Code + 4 94945
City Novato		City Novato
Street		Street 130 Landing Court
P.O. Box, Bldg., Room No., if any P.O. Box 2624		P.O. Box, Bldg., Room No., if any A97
Organization OMara & Associates, LLC		Organization
Title President		Title
Name Patrick	OMara	Name
Name and mailing address (include Z	(IP Code):	3. Any other address where records necessary to verify this report are kept:

	/•··		
4	Filer.	File Number C-	

- 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 to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed: Various Pays Beginning 6/22/15	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 7850 S. Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers	Teamsters