

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only
SEP 12 2017

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

655089

1. File Number: C- 66018

Person Filing

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

Name Charles Stephenson

Title member

Organization CRS Labor Relations Solutions, LLC

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

Street 1500 E. Katella Ave.

City Orange

State California ZIP Code + 4 92867

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:

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 Kimberly Tipps

Organization Legacy Measurement Solutions

Trade Name, if any

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

Street 6882 Parkway Dr.

City Brookfield

State Ohio ZIP Code + 4 44403

7. Date entered into:

8. Name of person(s) through whom made:

Name

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 of penalties in the instructions.)

13. Signed

Charles Stephenson

President
(If other title, see
instructions)

Title Other (Specify)

member

On 9/1/17

Date

(951)-316-1032

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title

Other (Specify)

On

Date

Telephone Number

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.):
To provide professional consulting services as described in section 11.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act. The National Labor Relations Board procedures such as secret ballot elections, collective bargaining, representation, collective bargaining procedures, unfair labor practices and union rules and finances

11.b. Period during which performed:
June 2017

11.c. Extent performed:
on going

11.d. Name and address through whom performed:

Name Charles Stephenson
Organization CRS Labor Relations Solutions, LLC
P.O. Box, Bldg., Room No., if any Suite M
Street 1500 E. Katella Ave.
City Orange
State California ZIP Code + 4 92867

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:

All full-time and regular part-time Production & Maintenance employees, including but not limited to, Welders, Fitters, Painters, Yardmen, Machine Operators, Leads, Assemblers, Roll Operator, Hydro Technician, Material Handler.
Excluding all Office Clerical employees, Design Engineer, Quality Control Inspector, Health Safety Environmental Quality Leader, Buyer/Scheduler/Planner, Plant Manager, Professional employees, Guards and Supervisors as defined in the Act.

12.b. Identify subject labor organizations:

Iron Worker Regional Shop Local 851