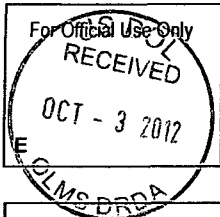


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

504052

U.S. DEPARTMENT OF LABOR
OLMS

JUL 16 2012

1. File Number: C-778

ATLANTA DISTRICT OFFICE

Person Filing

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

Name Natasha D Gordon

Title

Organization

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

Street 2247 Chestnut Place

City Lithia Springs

State Georgia

ZIP Code + 4 30122

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 Carolina Commercial Heat Treating Inc

Trade Name, if any

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

Street 628 Grooms Road

City Reidsville

State North Carolina

ZIP Code + 4 27320

7. Date entered into:

11 / 26 / 2007

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 on penalties in the instructions.)

13. Signed

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 7/10/2012

Date

404-781-6398

Telephone Number

On

Date

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.):

I had a verbal agreement between Labor Resource Institute (LRI) and myself to give speeches and to speak to employees on an individual basis regarding their rights to organize and bargain collectively. The terms specified were \$1500 per day plus expenses, I was on the site for a total of (2) two days. All expenses were covered by the client on site with the exception of airfare which was covered by LRI. According to my bank statement, LRI deposited \$5000.00 via wire transfer into my bank account on 11/27/2007. I have included a copy of my bank statement in this report. I do not have a copy of the agreement, as I was never forwarded a copy of the agreement by any LRI authority. I have attached a copy of the Agreement and Activities Report and a copy of the LM-21 filed by LRI which is the only documentation relating to this assignment I could find on the Department of Labor OLMS website.

Specific Activities to be Performed

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

a. Nature of activity:

I gave multiple speeches to employees during multiple sessions regarding their right to organize and bargain collectively. I entertained and responded to questions from employees in group settings and on an individual basis.

11.b. Period during which performed:

11/27 - 11/28/07

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc.

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

Street 7850 S. Elm Place, Suite E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Production and Maintenance, Quality Control,
Truck Drivers, and Plant Clerical Workers

12.b. Identify subject labor organizations:

Steelworkers Union

Filer:

HRI Consulting Services, Inc

File Number C- 00525

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.):

Oral agreement to provide consultation, to 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

Employed to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

11/27-11/28/07

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Natasha Gordon

Organization

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

Street 2108 Windy Hill Point

City Lawrenceville

State GA ZIP Code + 4 30045

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:

Production and Maintenance, Quality Control, Truck Drivers and Plant Clerical

12.b. Identify subject labor organizations:

Steelworkers

Name of Person Filing: LR1 Consulting Services, Inc. File Number C- 00525

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).
 Employer Carolina Commercial Heat Treating
 Trade Name
 Attention To Mike Hachee
 Title
 Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street 628 Grooms Road
 City Reidsville
 State NC ZIP Code + 4 27320

5.b. Termination Date 11/28/07 5.c. Amount 8731

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:
 (a) Name (b) Salary (c) Expenses (d) Totals

				9 Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14 Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:
 15.b. Trade Name, if any:
 15.c. To Whom Paid
 Name Natasha Gordon
 Title Independent Consultant
 Organization
 P.O. Box, Building and Room Number, if any
 Street 2108 Wndy Hill Point
 City Lawrenceville
 State GA ZIP Code + 4 30045
 15.d. Amount 4266
 15.e. Purpose
Employed to give speeches to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY