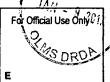


U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

is provided by 29 0.5.C. 459 of 440. Required or persons, including Labor Relations Consultants and Other Individuals izations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

632036

Person Filling		
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:
Name Scott Michel		Name
Title		Title
Organization		Organization
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any
Street 819 Herman Rd		Street
City Horsham		City
State Pennsylvania	ZIP Code + 4 19044	State ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:	
Dec / 31	a. Individual b. Partner	ship c: Corporation d Other (Specify):
Nature of Agreement or Arranger	nent	
	er with whom made (include ZIP Code):	7. Date entered into:
أبأت بالمستعددة		9 / 23 / 2016
Name Organization Carpenter Technology Corp.		8. Name of person(s) through whom made:
		Name John Rice
Trade Name, if any		Name
P.O. Box, Bldg., Room No., if any		Name
Street 1010 Bern St		
City Reading		Name
State Pennsylvania	ZIP Code + 4 19601	Name
		Signatures
Each of the undersigned declares,	under penalty of perjury and other appli	icable penalties of law, that all of the information submitted in this report (including
the information contained in any actifue, correct, and complete, (See S	companying documents) has been example to the instruction of the instruction to the instruction of the instr	mined by the signatory and is, to the best of the undersigned's knowledge and belie is.)
S. M.	11	-,
13. Signed	President (If other title, se	14. Signed Tréasurer (If other title, se
	instructions)	instructions)
Title		Title
		$arphi^{\circ}$
On 12/20/2016	215 359 7155	Ŏn
 	Telephone Number	Date Telephone Number

Filer: John	MUSEL

File Number C- 7/7

9. C	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 to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

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

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

11.b. Period during which performed: Various days beginning 9/25/16	11.c. Extent performed: Fully	
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, Bldg., Room No., if any	
Street 7850 S. Elm Place, Suite E.	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:	
Various employees	Pre-petition	