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 08-31-2016

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.

653995

1. File Number: C- 65324

Person Filing

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

Name William T. Herrera

Title

Organization

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

Street 23914 Water Hole Ln

City San Antonio

State TX   ZIP Code + 4 78261

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:

12/31 /2017

5. Type of person:

a. [X] 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 Bruno Couteille

Organization BWAY

Trade Name, if any

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

Street 1515 West 22nd Street

City Oak Brook

State IL   ZIP Code + 4 60523

7. Date entered into: 05 /24 /2017

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

Name Bruno Couteille

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 N/A

On 7/12/2017   832-392-2681
Date   Telephone Number

14. Signed _____ Treasurer (If other title, see instructions)

Title Treasurer

On _____
Date   Telephone Number

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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.):

N/A

Specific Activities to be Performed

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

a. Nature of activity:

Meetings with Production and Maintenance employees of BWAY

11.b. Period during which performed:
5/25/2017 to 5/15/2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Debbie Bonnett, Business Mgr

Organization LRI Consultant Services

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

Street 78 50 S. Elm Place Ste E

City Broken Arrow

State OK   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 Employees

12.b. Identify subject labor organizations:

Steelworkers, Paper, Rubber Manufacturing, Energy Workers