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AMENDED

U.S. Department of Labor Office of Labor-Management Standards

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 compty 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.

1. File Number: Person Filina 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Scott Michel Name Name 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 City Horsham ZIP Code + 4 19044 State Pennsylvania State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Partnership Other (Specify): Dec a. / Individual b. Corporation d C! **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 21 / 2016 8. Name of person(s) through whom made: Organization Carpenter Technology Corp. Name John Rice Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 1010 Bern St. Name City Reading Name ZIP Code + 4 State Pennsylvania 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) d Title

12/20/2016

Date

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Telephone Number

Telephone Number

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File Number C 7/6

SheetMetal, Air, Rail and Transportation Workers

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.		
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. Terms are \$187.50 per hour plus expenses.		
Specific Activities to be Performed		
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 organize and bargain collectively.		
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44 h Dariad during which politomand.	11.c. Extent performed:	
11.b. Period during which performed: Various days beginning 7/21/16	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:	

Chemistry Techs.