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## **AGREEMENT AND ACTIVITIES REPORT**

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This report is mandatory under P.L. 88-257, 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 Omanizations. 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.

La Ca Q W	
1. File Number: C- QQ XVV	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Patrick OMara	Name
Title President	
	Title
Organization OMara & Associates, LLC	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 2624	P.O. Box, Bldg., Room No., if any A97
Street	Street 130 Landing Court
City Novato	City Novato
State California ZIP Code + 4 94948	State California ZIP Code + 4 94945
Date fiscal year ends:     5. Type of person:	
Dec / 31 a. Individual b. Partnersh	nip c. Corporation d. 🗸 Other (Specify): LLC
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 7 / 27 / 2015
Name Brenda Ransford	
Organization Paradigm Precision	8. Name of person(s) through whom made;
Trade Name, if any	Name Drew Chakeres
P.O. Box, Bldg., Room No., if any	Name
Street 967 Parker St.	Name
City Manchester	Name
State Connecticut ZIP Code + 4 06042	Name
Siç	gnatures
Each of the undersigned declares, under penalty of perjury and other applica	ble penalties of law, that all of the information submitted in this report (including
true, correct Not Ready To Sign s in the instructions.)	ned by the signatory and is, to the best of the undersigned's knowledge and belief,  Not Ready To Sign
(If other title, see	14. Signed Treasurer (If other title, see
Titleinstructions)	Title
tama T 4	
Stamp of the state	

Each of the undersigned declares, the information contained in any according correct Not Ready To Signature, correct Not Ready To Signature.	nder penalty of perjury and other applicate companying documents) has been examine s in the instructions.)	le penalties of la ed by the signat	aw, that all of the informations and is, to the best of Not Ready To Si	the undersigned's knowledge and belie	f,
13. Signed	President (If other title, see instructions)	14. Signed		Treasurer (If other title, se	æ
Stamp 1 4		Title			
Delete On Date	Telephone Number	On	Data	Talashara Marah	
Clear Signatures	Totaphone (Authbet		Date	Telephone Number	

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Ľ	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.):
  Verbal agreement to provide consultation and 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:

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

11.b. Period during which performed:  Various Days Beginning 7/29/15	11.c. Extent performed: Ongoing
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	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74911	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Various Employees	Pre Petition