

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210
RECEIVED
AUG 29 2016

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only
CMS D-1

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)

625674

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 67252

Person Filing

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

Name Kenneth A Cage

Title Principal

Organization Human Resources Consultant

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

Street 2410 Luna Road, Suite 250

City Carrollton

State Texas

ZIP Code + 4 76248

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 / 16

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 Larry Sherrell

Organization Gibson Energy

Trade Name, if any

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

Street 3919 Townw Crossing, Suite 100

City Mesquite

State Texas

ZIP Code + 4 76150

7. Date entered into:

7 / 27 / 2016

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

Name

Name

Name

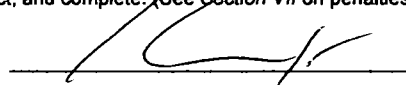
Name

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 Other (Specify)

Principal

On 7/28/2016

Date

817-709-9095

Telephone Number

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On

Date

Telephone Number

6664

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.):

HR Consultant on 08-RC -181067.

Specific Activities to be Performed

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

a. Nature of activity:

Plan strategy to respond to organizational drive. Give Intial speech to employyes in Marietta. Give Card speech to emp-loyees in Wintersville.

11.b. Period during which performed:

7/27/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Gibson Enegry Em[ployees working at Marietta, Ohio and Wintersville, Ohio

12.b. Identify subject labor organizations:

Teamster Local 637, zanesville, Ohio