

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

For Official Use Only
AUG 29 2017
BOSTON

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.

657217

1. File Number: C-00525 753

Person Filing

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

Name James C. Misericola

Title President

Organization Labor Educators LLC

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

Street 325 Walnut St

City Bridgewater

State Massachusetts

ZIP Code + 4 02324

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 / 31

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 Eric Funston

Organization Labor Relations Institute

Trade Name, if any

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

Street 7850 So. Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

7. Date entered into:

4 / 6 / 2016

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

Name Eric Funston

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

JFM

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer

Treasurer
(If other title, see
instructions)

On

8/3/17
Date

774 271 2765
Telephone Number

On

Date

Telephone Number

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.):

I was retained by LRI at a per diem rate of 1500.00 at an average of 10 hours per day to perform services at Fuyao Glass America

Specific Activities to be Performed

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

a. Nature of activity:

Conduct educational sessions with employeeess regarding the national Labor Realtions Act at Fuyao Glass America at Morraine Ohio location

11.b. Period during which performed:

various days 4/13/16 to 5/21/16

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name james misercola

Organization labor educators llc

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

Street 325 walnut st

City bridgewater

State Massachusetts ZIP Code + 4 02324

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:

various employees

12.b. Identify subject labor organizations:

pre petition