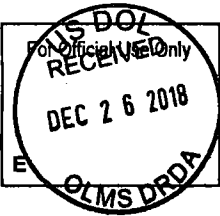


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

686667

1. File Number:

C-

635

Person Filing

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

Name REGINALD E. HOCKENBURY

Title CONSULTANT

Organization PRIVATE CONSULTANT

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

Street 33 BELVIDERE ST

City NAZARETH

State PA

ZIP Code + 4 18064

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:

/

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 SALVATORE FURINA

Organization FJ Hess

Trade Name, if any

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

Street 116 MCTA DRIVE

City SWIFTWATER

State PA

ZIP Code + 4 18370

7. Date entered into:

/ /

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

Title President

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

12/19/2018

Date

610 730 5052

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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.):

Provide Labor Relations Advice During Union Organization Campaign

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p><i>DRAFT HANDOUT MATERIAL FOR REVIEW BY LABOR ATTORNEY</i> <i>PROVIDE EXPERTISE - ANSWERING EMPLOYEE QUESTIONS DURING CAMPAIGN</i> <i>PROVIDE LABOR ADVICE TO COMPANY OWNERSHIP</i></p>	
<p>11.b. Period during which performed:</p> <p><i>DEC 16, 2018</i></p>	<p>11.c. Extent performed:</p> <p><i>JAN 4, 2019</i></p>
<p>11.d. Name and address through whom performed:</p> <p>Name <i>FT HESS</i></p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>116 MCTA DRIVE</i></p> <p>City <i>SWIFTWATER</i></p> <p>State <i>PA</i> ZIP Code + 4 <i>18370</i></p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p>	<p>12.b. Identify subject labor organizations:</p>