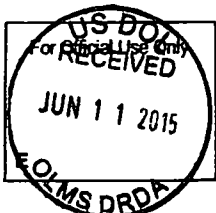


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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)

593390
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00658

Person Filing	
2. Name and mailing address (include ZIP Code): Name Jason Greer Title President Organization Greer Consulting, Inc. P.O. Box, Bldg., Room No., if any Street 6311 Ronald Regan Drive, Suite 162 City Lake Saint Louis State Missouri ZIP Code + 4 63367	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 / 15	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Webster University Trade Name, if any P.O. Box, Bldg., Room No., if any Street 470 E. Lockwood Avenue City St. Louis State Missouri ZIP Code + 4 63119	7. Date entered into: 4 / 9 / 2015 8. Name of person(s) through whom made: Name Betsy Schmutz 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 _____
Title _____
Treasurer
(If other title, see instructions)

On 5/5/2015 314-643-4218
Date Telephone Number

On _____
Date Telephone Number

Filer: Jason Greer Greer Consulting, Inc.	File Number C- 00658
--	----------------------

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.):

None

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Conducted two informational sessions and answered NLRB related questions for the mail ballot election.	
11.b. Period during which performed: 4/15	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Jason Greer Organization Greer Consulting, Inc. P.O. Box, Bldg., Room No., if any Street 6311 Ronald Reagan Drive, Suite 162 City Lake Saint Louis State Missouri ZIP Code + 4 63367	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: Deans/Senior Level Academic officials and faculty and students	12.b. Identify subject labor organizations: SEIU