U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

684659

1. File Number: C- 65931	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Michael Ciabattoni	Name
Title Principal	Title
Organization MSC Labor Relations and Legislative	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 27 Catherine Court	Street
City Bear	City
State Delaware ZIP Code + 4 19701	State ZiP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	c. Corporation d.X 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: 8 / 17 / 2018
Name	8. Name of person(s) through whom made:
Organization Sun Chemical Corporation	o. Name of person(s) through whom made.
Trade Name, if any	Name Jeffrey Gallisdorfer
P.O. Box, Bldg., Room No., if any	Name
Street 135 West Lake Street	Name
City Northlake	Name
State IL ZIP Code + 4 60164	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 periodic property of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any periodic penalties) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. See Section Villatipenalties in the instructions.)	
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title Principal instructions)	Title
	;
On 9/19/2018 301-312-6632	On
Date Telephone Number	Date Telephone Number

Filer: MSC Labor Relations and Legislative	File Number C- 65931	
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.		
40. Towns and an elitima (Cartain in details are instructions White a consequence of the standard of the stand		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Verbal agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Engaged to communicate to employees regarding exercisin	g their rights to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 8/23/18	Fully Performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Phillip B Wilson	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 South Elm Place, Suite E	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production and maintenance employees Including all production, plate, lab, shipping and maintenance employees	Steelworkers, Paper, Rubber, Manufacturing, Energy Workers	