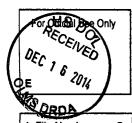
Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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.

1. File Number: C- 10			
Person Filing	٠		
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:	
Name Scott Michel		Name	
Title		Title	
Organization		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 819 Herman Rd		Street	
City Horsham		City	
State Pennsylvania Z	IP Code + 4 19044	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a.	Individual b. Partnership	p c. Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
The second secon		7. Date entered into:	
Name CEMEX		9 / 11 / 2014	
Organization		8. Name of person(s) through whom made:	
Trade Name, if any		Name Charles 0' Reilly	
P.O. Box, Bldg., Room No., if any		Name	
Street 3820 Northdale Blvd.		Name	
City Tampa		Name	
State Florida Z	IP Code + 4 33624	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 July Muhl President (If other title, see		14. Signed Treasurer (If other title, see	
Title '	instructions)	Title d instructions)	
On 12/9/14 215 35	9 7155	On	
Date Tele	phone Number	Date Telephone Number	

FINEL Scott Michel	Flie Number V-			
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
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.				
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.): Verbal agreement to provide consultation and to give speeches to employees about their rights to organize and bargain collectively. Terms are \$187.50 per hr. plus expenses.				
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Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively. 				
11.b. Period during which performed: various days begining 9/15/14	11.c. Extent performed: fully			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization LRI Consulting Services	Organization			
P.O. Box, Bldg., Room No., if any PO Box 1529	P.O. Box, Bldg., Room No., if any			
Street 7850 S. Elm Place	Street			
City Broken Arrow	City			
74012				
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Concrete Drivers	Teamsters			