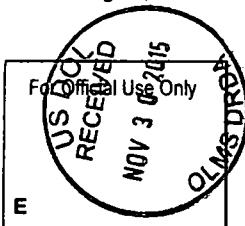


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
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)

601325

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- **752**

Person Filing

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

Name **Eric J Vanetti**

Title **Owner**

Organization **Vantage Point Alliance**

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

Street **2860 S. Honeycomb Way**

City **Boise**

State **Idaho** ZIP Code + 4 **83716**

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 **Elicia Hunt**

Organization **Trinity Industries, Inc.**

Trade Name, if any

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

Street **2525 North Stemmons Freeway**

City **Dallas**

State **Texas** ZIP Code + 4 **75207**

7. Date entered into:

8 / **10** / **2015**

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 *Eric Vanetti*

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed *[Signature]*

Treasurer
(If other title, see
instructions)

Title d

On 11/12/2015 704-804-1625
Date Telephone Number

On *[Signature]* *[Signature]*
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.):

Through verbal agreement with LRI Consulting Services, \$1,500/day plus reimbursement for 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:

Conduct pre-petition meetings with various Trinity Industries hourly employees to educate them on their rights and the implications of signing a union authorization card.

11.b. Period during which performed:

Various days beginning 8/13/15

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRI Consulting Services

P.O. Box, Bldg., Room No., if any One LRI Plaza

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Hourly manufacturing employees

12.b. Identify subject labor organizations:

IAM; Machinists