

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

For Official Use Only

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)

625675

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C- 66727

Person Filing

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

Name Gustavo Flores

Title

Organization GNE Consulting Services Inc

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

Street 10850 Church St. E102

City Rancho Cucamonga

State California

ZIP Code + 4 91730

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 / 16

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 John Burgess

Organization Pamarco

Trade Name, if any Agreement thru LRI Consulting Serv

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

Street 235 East 11th Avenue

City Roselle

State New Jersey

ZIP Code + 4 07203

7. Date entered into:

5 / 24 / 2016

8. Name of person(s) through whom made:

Name Eric Funston

Name

Name

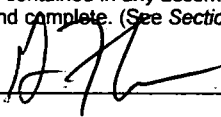
Name

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.)

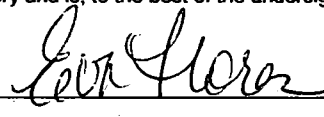
13. Signed



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On 08/14/2016

Date

909-322-4126

Telephone Number

On 08/14/2016

Date

909-322-4127

Telephone Number

663

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.):

Verbal agreement with LRI Consulting Services, \$1,500 per day plus reasonable 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 exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Various days beginning 5/24/2016

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services Inc

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

Street 7850 S. Elm Place, Suite F

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Production and Maintenance Employees

12.b. Identify subject labor organizations:

Machinists & Aerospace Workers