

U.S Department of Labor Office of Labor-Management Standards

FORM LM-20

Form approved Office of Management

18

(I'm	ACTIVITIES REPORT and Budget No. 1245-0003 Expires 03-31-2019				
and Organizations, Under Section 203(b) of the Labor-Ma	Failure to comply may result in criminal prosecution, fines, or civil of persons, including Later Relations Consultants and Other Individuals nagement Reporting and Disclosure Act of 1959, as amended, (LMRDA)				
READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.				
1. File Number: C 7/10					
Person Filling					
Name and mailing address (include ZIP Code):	3. 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 ZIP Code + 4 19044	State ZIP Code + 4				
Date fiscal year ends: 5. Type of person:					
Dec / 31 a. / Individual b. Partnership	c. Corporation d Other (Specify):				
Nature of Agreement or Arrangement					
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:				
Name	9 / 23 / 2016				
Organization Carpenter Technology Corp.	8. Name of person(s) through whom made:				
Trade Name, if any	Name John Rice				
P.O. Box, Bidg., Room No., if any	Name _				
Street 1010 Bern St	Name				
City Reading	Name				
State Pennsylvania ZIP Code + 4 19601	Name				
Signa	tures				
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,				
13. Signed President (If other title, see instructions)	14. Signed Treasurer (if other title, see				
Title	Title dinstructions)				

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4.45 11/07/11#	ibuuri coriibineo in biri	res, under penalty of perjury y accompanying documents to Section VII on penalties i	S) has been examine	le penalties of l ed by the signa	law, that all of the inform tory and is, to the best o	nation submitted in this n of the undersigned's kno	eport (including wledge and belief,
13. Signed Surface		President (If other title, see	14. Signed			Treasurer	
Title			instructions)	Title	d		(If other title, see Instructions)
On	12/20/2016	215 359 7155		On			-
	Date	Telephone Number			Date	Telephone Number	127

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FILE SCOTT MICHEL	File Number C- 7/0					
. 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 collectively through representatives of their own choosing.	e employees as to the manner of exercising, the right to organize and bargain					
 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 exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.						
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instru						
a Nature of activity: To provide consultation and give speeches to employees regarding their right to organize and bargain collectively.						
11.b. Period during which performed:	11.c. Extent performed:					
Various days beginning 9/25/16	Fully					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name	Name					
Organization LRI Consulting Services Inc.	Organization					
P.O. Box, Bidg., Room No., if any	P.O. Box, Bidg., Room No., If any					
Street 7850 S. Elm Place, Suite E.	Street					
Chy 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:					
Various employees	Pre-petition					