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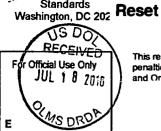
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AGREEMENT AND ACTIVITIES REPORT

Font

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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U:S. Départment of Labor

Office of Labor-Management

Standards

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This report is mandatory under P.L. 88-257, 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 Ornanizations. 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- 6623			
Person Filing			
Name and mailing address (include ZI	P Code):	3. Any other address where records necessary to verify this report are kept:	
Name Patrick ()Mara	Name	
Title President		Title	
Organization OMara & Associates, LLC		Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 2624		P.O. Box, Bldg., Room No., if any A97	
Street		Street 130 Landing Court	
City Novato		City Novato	
State California	ZIP Code + 4 94948	State California ZIP Code + 4 94945	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. Individual b. Partnership	c. Corporation d. 🗸 Other (Specify): LLC	
Nature of Agreement or Arrangement			
6. Full name and address of employer wi	ith whom made (include ZIP Code):	7. Date entered into: 4 / 11 / 2016	
Name John Gau	thier	4 / 11 / 2016	
Organization Fuyao Glass Amer:	ica	8. Name of person(s) through whom made:	
Trade Name, if any		Name John Gauthier	
P.O. Box, Bldg., Room No., if any		Name	
Street 2801 West Stroop Rd		Name	
City Moraine		Name	
State Ohio	ZIP Code + 4 45439	Name	
	Signa	tures	
Each of the undersigned declares, under the information contained in any accompanies, correct Not Ready To Sign	or penalty of perjury and other applicable canying documents) has been examined s 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, Not Ready To Sign	
13. Signed	President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)	
Title		Title	
tamp			
elete On 7/02/16	0999452	On	
Date Clear Signatures	Telephone Number	Date Telephone Number	
Form LM-20 (2003)			

Sign/Print Report

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File Number C- 66231

- 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.):
 Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

TEST PG CNT

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 Beginning 4/11/16	11.c. Extent performed: Ongoing
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, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place	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:
Various Employees	Pre Petition