U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



C- 00680

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

1. File Number:

Person Filing

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)

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3. Any other address where records necessary to verify this report are kept:

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name Ronald L I	Mason	Name Ronald L Mason	
Title President		Title President	
Organization Midwest Management Consultants, Inc.		Organization Midwest Management Consultants, Inc.	
P.O. Box, Bldg., Room No., if any P. O. Box 398		P.O. Box, Bldg., Room No., if any P. O. Box 398	
Street		Street	
City Dublin		City Dublin	
State Ohio		State Ohio ZIP Code + 4 43017-0398	
4. Date fiscal year ends:	5. Type of person:	·	
Dec 🔽 / 31 a. Individual b. Partnership o		c. X Corporation d. Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	
Name Jasen Fry, Pre	sident	11 / 01 / 16	
Organization Shaw Industries, Inc.		*8. Name of person(s) through whom made:	
Trade Name, if any		Name Jasen Fry, President	
P.O. Box, Bldg., Room No., if any		Name	
Street 561 Allegheny Blvd.		Name	
City Franklin	•	Name	
State PA	ZIP Code + 4 1 6 3 2 3	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 Most President (If other title, see instructions) President (If other title, see instructions) 14. Signed Most Most Freasurer (If other title instructions)			
Title President		Title Treasurer	
On D1/10/17 6/4-734-9455 On 0/10/17 6/4-734-9455 Date Telephone Number Date Telephone Number			

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. X 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 to represent Shaw Industries in union campaign. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

All consultations billed at \$225/hourly, including travel time and expenses.

Specific Activities to be Performed

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

Giving speeches, preparing written materials for distribution, and conducting meetings with management and employees to answer questions and explain rights afforded under the NLRA accordingly.

11.b. Period during which performed: 11/01/16 to present	11.c. Extent performed: Continuing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Jasen Fry, President	Name
Organization Shaw Industries, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 561 Allegheny Blvd.	Street
City Franklin State PA ZIP Code + 4 16323	City State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full-time and regular part-time production & maintenance employees	United Steelworkers Union