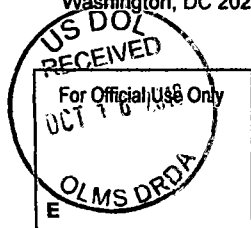


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

684662

1. File Number: C- 65931

## Person Filing

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

Name Michael Ciabattoni  
Title Principal  
Organization MSC Labor Relations and Legislative  
P.O. Box, Bldg., Room No., if any  
Street 27 Catherine Court  
City Bear  
State Delaware ZIP Code + 4 19701

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): LLC

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name  
Organization Rexnord Corporation  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 2400 Curtiss Street  
City Downers Grove  
State IL ZIP Code + 4 60515

7. Date entered into:

8 / 13 / 2018

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

Name Ira Levinsky  
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 V on penalties in the instructions.)

13. Signed

President  
(If other title, see  
instructions)

Title Principal

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On 9/19/2018

Date

301-312-6632

Telephone Number

On

Date

Telephone Number

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

- a. ☒ <sup>EDUCATE</sup> To persuade employees to exercise or not to exercise, or <sup>EDUCATE</sup> ~~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 made through LRI Consulting Services, Inc. \$1,500 per day plus 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:

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

## 11.b. Period during which performed:

various days beginning 8/20/18

## 11.c. Extent performed:

Fully Performed

## 11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

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:

various employees

## 12.b. Identify subject labor organizations:

pre-petition