

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

644 677

1. File Number. C-

67565

Person Filing

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

Name Katherine G Lev

Title President

Organization ERL Consulting, LLC

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

Street 21 Pleasant Street

City Hudson

State Massachusetts

ZIP Code + 4 01749

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

Name N/A

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 Gauthier

Organization Fuyau Glass America

Trade Name, if any

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

Street 2801 West Stroop Road

City Moraine

State Ohio

ZIP Code + 4 45439

7. Date entered into:

4 / 11 / 2016

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

Name

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

N/A

Treasurer
(If other title, see instructions)

Title Treasurer

On

3/17/2017

Date

617-686-5775

Telephone Number

On

Date

Telephone Number

349

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. 1500/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 4/13/16

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Phil 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 N/A
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:

No petition filed. Various.