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

For Official Use Only Oct 2 0 2015 and

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil perlatties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals (LMRDA) and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing  2. Name and malling address (include ZP Code): Name Repace Al. Sunth  Title Owner  Organization Pock Credit Cousuiting III organization  P.O. Box, Bidg, Room No., if any  Street SSY Meshard Or  State IPCode +4 8 330   State IPCode +4  4. Date foodly year ends:  5. Type of person: a Individual b Partnership c Corporation of Other (Specify): UCC  Name Thomas Lave [ 2  Organization Person (a) through whom made:  Name  Name  Name  Name  Name  Name  State IPCode +4  Name  Name  State IPCode +4  Name  Name  Name  Name  Name  State IPCode +4  Name  N	1. File Number: C- (A) A) (A)		-		
2. Name and mailing address (include ZIP Code): Name Pio 82 Co SL SMHM Title OWNER Organization Pock Creek Consulting ILC Organization Pock Creek Consulting ILC Organization P.O. Box, Bidg., Room No., if any Street SSY Aussward Or State FDacho ZIP Code + 4 8 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The state of the s	<i></i>			
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Name Robecca e. Smith  Title Owner  Organization Pock Creek Consulting ILC  Organization  P.O. Box, Bidg., Room No., if any  Street SSY Moshard Or  Street  City  State FDatto ZIP Code + 4 8-330 State  ZIP Code + 4  4. Date focal year ends:  S. Type of person:  a Intervidual b Partnership c Corporation d Other (Specify: LLC  Nature of Agreement or Arrangement  Name Thomas Lawelle  Organization  General Electric  8. Name of person(s) florusjih whom made:  Name  Name  Name  Name  Name  Name  Name  Name  Street 3/35 Easton  Name  Street ZIP Code + 4  Organization  Name  Nam	<del></del>	ZIP Code):	3 Any other address where rec	grele management to smile this manual and the	
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Street  City  State FDQ40  ZIP Code + 4 8 330   State IDQ40  4. Date fiscal year ends:  a Individual b Partnership Copporation d Other (Specify): UC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Thomas Cave   P  Organization General Electric  8. Name of person(s) through whom made:  Name  Po. Box, Bidg., Room No., if any  Street 3 135 Easton  Turnot P  State CT  ZIP Code + 4  Name  Name  Name  Name  Name  Name  Name  State CT  ZIP Code + 4  Name  Na			P.O. Box, Bldg., Room No., if any		
State FDO4HO  ZIP Code + 4 8 3 3 0   State   ZIP Code + 4    4. Date fiscal year ends:  5. Type of person:  a tradividual 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 TOMAS Lave     e    Organization General Electric   8. Name of person(s) through whom made:  Name  Name  Name  Name  Name  Street 3 1 3 5 Easton  To Code + 4   Name  State To Code + 4   Name  State To Code + 4   Name  State To Code + 4   Name  Na	Street 554 Mahard Dr				
State	on Talia Falls				
4. Date fiscal year ends:    S. Type of person:   a   Individual   b   Partnership   c   Corporation   d   Other (Specify):   U			City		
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Thomas Lave     2  Organization General Electric  Trade Name, if any GE  Po. Box, Bidg., Room No., if any  Street 3/35 Easton  Name  Name  Name  State  Typ Code + 4  Ota 3.28  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, thus, correct, and complete. (See Section VII of) penalties in the instructions.)  13. Signed  Title  President  Ittle  Treasurer		ZIP Code+4 名うろく	State	ZIP Code + 4	
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Thomas Lave (18	4. Date fiscal year ends:	5. Type of person:			
6. Full name and address of emptoyer with whom made (include ZIP Code):  Name Thomas Lavelle  Organization General Electric  Trade Name, if any GE  Name  P.O. Box, Bidg., Room No., if any  Street 3135 Easton  Name  Telephone Number  On  Date  Telephone Number  Telephone Number  Telephone Number  Date  Telephone Number	/	a Individual b. Partnership	c. Corporation d. Other	(Specify):	
6. Full name and address of emptoyer with whom made (include ZIP Code):  Name Thomas Lavelle  Organization General Electric  Trade Name, if any GE  Name  P.O. Box, Bidg., Room No., if any  Street 3135 Easton  Name  Telephone Number  On  Date  Telephone Number  Telephone Number  Telephone Number  Date  Telephone Number					
Name Thomas Lavelle  Organization General Electric  Trade Name, if any GE  Name  P.O. Box, Bidg., Room No., if any  Street 3135 Earston  Name  Name  Name  Name  Name  Name  Name  State Title President  Title President  On Ball Talgary Street  Telephone Number  Section 1 August 1 Au					
Name  P.O. Box, Bidg., Room No., if arry  Street 3/35 Easton  Name  Name  Name  Name  Name  Name  State CT ZIP Code + 4  O 4 2/8  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 of penalties in the instructions.)  13. Signed	Name Thomas Lavelle		7. Date entered into: 7 / 24 / 15		
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13. Signed	true, correct, and complete. (See Section	panying documents) has been examined in VII of penalties in the instructions.)	by the signatory and is, to the best	t of the undersigned's knowledge and belief,	
Title President (If other title, see instructions)  Title Treasurer (If other title, see instructions)  On 8-20/572494-84 (6 On Date Telephone Number  Date Telephone Number	$\leq 1/1$	~ Lui 7h			
Title Treasurer instructions)  On 8-20/572494-84(6 On Date Telephone Number  Date Telephone Number	15. daylica Provide		14. Signed		
On B-20/572494-84(6) On Date Telephone Number	Title President	instructions)	Title Treasurer		
Date Telephone Number Date Telephone Number				<del></del>	
Date Telephone Number Date Telephone Number	on B-201577	2494-8416	Om		
		<del></del> ``		Telephone Number	
	Form LM-20 (2003)				

<ol><li>Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indi</li></ol>	rectly:
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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.

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.):

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Specific Activities to be Performed

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

a. Nature of activity: Comptime Proceedings

80000 A

Pre-Petition meeti-25 veil employées

11.b. Period during which performed:

7-27-15 to 82000

Additional Name and address through whom performed, if any:

11.d. Name and address through whom performed:

Name Labor Relation Institute Phil Wilson Organization

Name

Organization

11.c. Extent performed:

P.O. Box, Bldg., Room No., if any 1529 Street 7850 South Elm Place

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

Broken Arrael

Street

State

ZIP Code+4 74013

City State

ZIP Code + 4

12.a. Identify subject groups of employees:

various goups site wide 12.b. Identify subject labor organizations: