

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 03-31-2019

For Charles Only MAR 2.4

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)

panizations, 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. Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name MS. De~ Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any DO NOINTHLAKE DIL SUITE 105 Street City City CINLINNATI ZIP Code +4 452 49 ZIP Code + 4 State State 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership 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: 2 / 1 / 2016 8. Name of person(s) through whom made: Organization MAIVARSM Name MIGRANIA Trade Name, if any P.O. Box, Bldg., Room No., if any Name 000 Mayer Street Name 1 ZIP Code + 4 State 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title Telephone Number Telephone Number Date

Filer:	File Number C- 495
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.):	
NO WRITTEN AGN	rement
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:	
THE Key ALTIVITY WAS TO PROVISE CONSULTING SUPPORT AND PERSUADOR THE HOURLY AND FULLTIME EMPLOYEES TO VOTA	
14 b Paried & discretible and analysis	11.c. Extent performed:
11.b. Period during which performed:	COmpletion
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Jolla HAWKINS	Name
Organization MANAGEMENT PLATORMACE INTIL	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 11500 NOIGHLAKE ON SUITE 105	Street
City CINCINNON	City
State OH ZIP Code + 4 45249	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. (dentify subject labor organizations:
All full Time and Neburn	UNITED STEEL WORKING
NOTTH SAUNSO- plans	
NOTH SAMSON PLANT	