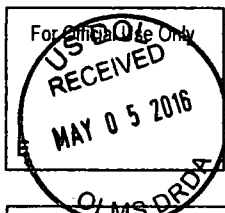


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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)

619489

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65931

Person Filing

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

Name Michael S Ciabattoni

Title Principal

Organization MSC Labor Relations and Legislative Cons

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 Eric Wolking

Organization

Trade Name, if any GAP Solutions, Inc.

P.O. Box, Bldg., Room No., if any Suite 205

Street 205 Van Buren Street

City Herndon

State Virginia

ZIP Code + 4 20170

7. Date entered into:

12 / 14 / 15

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 Other (Specify)

Principal

On 04/26/2016

Date

Telephone Number

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On _____

Date

Telephone Number

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.):

Specific Activities to be Performed

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

a. Nature of activity:

Educate employees on the NLRA and associated State and Federal Laws.

11.b. Period during which performed:

Various days begining 12/7/15

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Warehouse Specialists, order fillers, receiving clerks, shipping/receiving, stock clerks, general clerks III and shipper/packers.

12.b. Identify subject labor organizations:

Machinists and Aerospace Workers