

FORM LM-20 - AGREEMENT & ACTIVITIES REPORT

Office of Labor-Management
Standards **OLMS**
U.S. Department of Labor

OMB No. 1245-0003 . Expires 01-31-2025 .

IMPORTANT: 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).

For Official Use Only

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▶ Read the instructions carefully before completing this report. ◀

1.a. File Number: C- 525		Amended: <input type="checkbox"/>	
2. Name and mailing address (including Zip Code): Name: PHILLIP B WILSON Title: President Organization: LRI CONSULTING SERVICES, INC. P.O. Box., Bldg., Room No., if any: PO Box 1529 Street: City: BROKEN ARROW State: OK ZIP code: 74011		3. 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. Date fiscal year ends: Dec / 31		5. Type of person a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation C d. <input type="checkbox"/> Other Specify:	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Liz Beatty Organization: Webasto Group Trade Name, if any: P.O. Box., Bldg., Room No., if any: Street: 2200 Innovation Drive City: Lexington, KY State: KY ZIP code: 40511	7. Date entered into 07/28/2023 8. Name of person(s) through whom made: Name: Phil Wilson

Signature and Verification

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: Phil Wilson
Title: PRESIDENT
Date: Aug 25, 2023
Telephone Number: 918-455-9995

14. SIGNED: Debbie Barnett
Title: TREASURER
Date: Aug 07, 2023
Telephone Number: 918-455-9995

9. Check the appropriate box(es) 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.):

- Written Agreement/Arrangement
Written agreement: See attached. Hourly rate plus reasonable travel expenses.

Specific Activities to be performed**Activity 1****11. For each activity, separately list in detail the information required.** (See instructions.)

a. Nature of activity: Engaged to educate employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which activities performed:

various dates beginning Jul 30, 2023

11.c. Extent of performance:

beginning of engagement

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name: Gerald O'Brien **Organization:** 00693

P.O. Box, Bldg., Room No., If any: **Street:** 23 Summit Heights **City:** North Oaks **State:** MN **Zip:** 55127

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name: Sean Lyles **Organization:** 70102

P.O. Box, Bldg., Room No., If any: PO Box 1529 **Street:** **City:** Broken Arrow **State:** OK **Zip:** 74013

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name: Rian Wathen **Organization:** 68694

P.O. Box, Bldg., Room No., If any: **Street:** 8206 Rockville Rd #201 **City:** Indianapolis **State:** IN **Zip:** 46214

12.a. Identify subject groups of employees:

Production Custodians, Maintenance (skilled trades) shipping and receiving, Hilo drivers, (Material Handlers), Captains (Leaders)

12.b. Identify subject labor organizations:

UAW 771