EMPSon AGREEMENT & ACTIVITIES REPORT

OMB No. XXXX-XXXX. Expires XX-XX-XXXX.

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).

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

For Official Use Only

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1.a. File Number: C-	1.b. 🗆 Hardship Exemptio	on 1.c. Amended Report		
2. Contact information for person filing:		3. Other address where records necessary to verify this report are kept:		
Name		Name		
Title		Title		
Organization		Organization		
Street		Street		
City State City		City		
ZIP Code Email Address		State ZIP Code		
Employer Identification Number (EIN)		Email Address		
4. Date fiscal year ends mm/dd/yyyy		5. Type of person		
		a. 🗆 Individual b. 🗆 Partnership c. 🗆 Corporation d. 🗆 Other [specify]		
Full name and address of employer with whom agreement or arrangement was made:		7. Date agreement or arrangement entered into: mm/dd/yyyy		
Name		8. Person(s) through whom agreement or arrangement made:		
Title		(a) Employer Representative:		
Organization		Name and Title		
Street				
City State		(b) Prime Consultant:		
ZIP Code Email Address		Name and Title		
Employer Identification Number (EIN)		[Continuation button]		

Read the instructions carefully before completing this report.

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.)		14. Signed Treasurer (If other title, see instructions.)			
On Date (mm/dd/yyyy)	Telephone Number	On Date (mm/dd/yyyy)	Telephone Number		
			Daga 1 of 2		

Name of	person	filing:
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rune of person ming.						
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 in	structions. Written agreem	ents must be attached by o	Slicking here .)			
			[Continuation button]			
for presentation, dissemination, or distribution to employees	supervisors or employ		Research or investigation concerning employees or labor organizations			
□ Drafting, revising, or providing a speech for	 Establishing or facilitating employee committees 		□ Supervisors or employer representatives			
presentation to employees	Developing personnel	I policies or practices	Employees, employee representatives, or union meetings			
Drafting, revising, or providing audiovisual or multi-media presentations for presentation, discussional discussion of the second second second discussion of the second second second second second second second discussion of the second second second second second second second discussion of the second	Deciding which employees to target for persuader activity or disciplinary action		□ Surveillance of employees or union			
dissemination, or distribution to employees	Conducting a seminar employer representation		representatives (video, audio, Internet, or in person)			
for employees		VC3	□ Other			
□ Planning or conducting individual or group employee meetings			[Continuation button]			
		1				
11.b. Period during which activities performed:		11.c. Extent of performance:				
11.d. Name and address of person(s) through whom activities were performed or will be performed:		12.a. Identify subject employees:				
Name and Title						
Type of Person: Employee of Consultant						
□ Independent Contractor						
Organization			[Continuation button]			
Street		12.b. Identify subject lab	or organizations:			
City State ZIP 0	Code					
Email Address						
[Continuation button]						
			[Continuation button]			

Form LM-20 (XXXX)