

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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).

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

For Official Use Only

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1. File Number: **C-**

**Person Filing**

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_

5. Type of person:

a.  Individual    b.  Partnership    c.  Corporation    d.  Other (Specify): \_\_\_\_\_

**Nature of Agreement or Arrangement**

6. Full name and address of employer with whom made (include ZIP Code):

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Trade Name, if any \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

7. Date entered into: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Name of person(s) through whom made:

(a) Employer Representative (to be completed by the Primary Consultant):

Name and Title \_\_\_\_\_

**OR**

(b) Primary Consultant (to be completed by the Sub-consultant) :

Name and Title \_\_\_\_\_

Employer Identification Number \_\_\_\_\_

Address: \_\_\_\_\_

**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 President Title Treasurer

14. Signed \_\_\_\_\_ Treasurer (If other title, see instructions)

On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Telephone Number Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
On Telephone Number

Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

11.b. Period during which performed:	11.c. Extent performed:
<p>11.d. Name and address through whom performed:</p> <p>Name _____</p> <p>Title _____</p> <p>Type of Person  <input type="radio"/> Employee of Consultant  <input type="radio"/> Sub-consultant</p> <p>Organization Name _____</p> <p>Employer Identification Number _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>Additional name and address through whom performed, if any:</p> <p>Name _____</p> <p>Title _____</p> <p>Type of Person  <input type="radio"/> Employee of Consultant  <input type="radio"/> Sub-consultant</p> <p>Organization Name _____</p> <p>Employer Identification Number _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
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