

# 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.

1. File Number: C- 683

### Person Filing

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

Name Joseph Brock

Title President

Organization East Coast Labor Relations, LLC

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

Street 151 Forge Rd

City Delran

State New Jersey

☒ ZIP Code + 4 08075

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): 11c

### Nature of Agreement or Arrangement

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

Name

Organization The May Institute

Trade Name, if any

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

Street 41 Pacella Park Drive

City Randolph

State Massachusetts

☒ ZIP Code + 4 02368

7. Date entered into: 12 / 12 / 2012

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

Name Ralph Sperry

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

Title

President  
(If other title, see instructions)

14. Signed

Title

Treasurer  
(If other title, see instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

187.50 per hour plus expenses

## Specific Activities to be Performed

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

a. Nature of activity:

to give speeches to employees about their right to organize and collectively bargain

11.b. Period during which performed:

various days beginning 11/30/12

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name

Organization

Labor Relations Institute

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

Street

7850 S. Elm Place

City

Broken Arrow

State

Oklahoma



ZIP Code + 4

74013

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:

non-professional employees

12.b. Identify subject labor organizations:

SEIU