U.S. Department of Labor
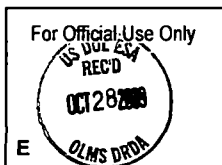Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010

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)

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

1. File Number: C- 00464   406040

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Marta De los Rios	Name
Title Office Manager	Title
Organization Labor Information Services	Organization
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any
Street	Street
City Malibu	City
State California ZIP Code + 4 90265	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 9	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):	7. Date entered into: 9 / 10 / 2009
Name Mark Cohen	8. Name of person(s) through whom made:
Organization Shoe Mania	Name Mark Cohen
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 853 Broadway, Suite 201	Name
City New York	Name
State New York ZIP Code + 4 10003	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 _(signature)_	President (If other title, see instructions)	14. Signed _(signature)_	Treasurer (If other title, see instructions)
Title President		Title Other (Specify) Office Manager	
On 10/20/2009 310-589-5225		On 10/20/2009 310-589-5225	
Date Telephone Number		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.):

Starting 9/10/09 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:
    09/10/09   until end of assignment
	11.c. Extent performed:
	    On-going

11.d. Name and address through whom performed: Name Russ Melita Organization Labor Information Services, Inc. P.O. Box, Bldg., Room No., if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264	Additional Name and address through whom performed, if any: Name Organization Labor Information Services, Inc. P.O. Box, Bldg., Room No., if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264
12.a. Identify subject groups of employees: All voting employees in the bargaining unit.	12.b. Identify subject labor organizations: