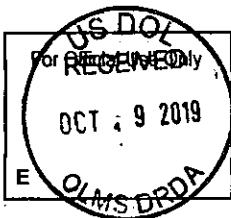


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

71120

1. File Number: C- 67719

Person Filing

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

Name Frank A Bellis Jr
Title Principal
Organization Laurel Labor Advisors
P.O. Box, Bldg., Room No., if any Suite 107
Street 3817 Crosswicks-Hamilton Sq Rd
City Hamilton
State New Jersey ZIP Code + 4 08691

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):

Nature of Agreement or Arrangement

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

Name Candy Vidoviche
Organization Pomptonian Food Service
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3 Edison Place
City Fairfield
State New Jersey ZIP Code + 4 07004

7. Date entered into:

9 / 12 / 2019

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

Name Candy Vidoviche
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 Other (Specify) Principal

On 10/3/2019 609 577-7853
Date Telephone Number

President
(If other title, see instructions)

14. Signed

Title Other (Specify) Principal

On 10/3/2019 973 886-9057
Date Telephone Number

Treasurer
(If other title, see instructions)

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.):

Conduct 2 45 minutes information meetings with employees explaining the union organizing process.

Specific Activities to be Performed

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

a. Nature of activity:

Made 2 45 minute presentations to employees explaining the union organizing process.

11.b. Period during which performed:

September 23, 2019

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Candy Vidoviche
Organization Pomptonian Food Service
P.O. Box, Bldg., Room No., if any
Street 3 Edison Place
City Fairfield
State New Jersey ZIP Code + 4 07004

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:

Food service workers

12.b. Identify subject labor organizations:

Potentially SEIU