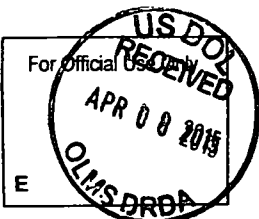


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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)

592190

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C 65536

### Person Filing

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

Name RANDY C. MCCARTHY

Title Sec-Tres

Organization National Consultants Associated, Ltd.

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

Street 66 Rodeo Drive

City Hopewell Junction, N.Y.

State New York ZIP Code + 4 12533

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:

6 / 30

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 Brook Haberman

Organization Park West Montessori, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any Rm. 1200

Street 315 Central Park West

City New York

State New York ZIP Code + 4 10025

7. Date entered into:

3 / 2 / 15

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

Name Brook Haberman

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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

3/30/15  
Date

(845) 592-4400  
Telephone Number

On

3/30/15  
Date

(845) 592-4400  
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.):

Hold informational meeting with teachers employed by Montessori School located at 425 Central Park West, N.Y., N.Y. in connection with an NLRB decertification petition.

Fee: \$2,500 No written agreement

#### Specific Activities to be Performed

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

a. Nature of activity:

Meet with teachers and explain decertification voting process, their rights related thereto, up-dated them on status of petition and negotiations and answered questions.

11.b. Period during which performed:

3/2/15

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Ianby McCarthy and Andrew Gallin  
Organization National Consultants Associated, Ltd  
P.O. Box, Bldg., Room No., if any  
Street 66 Rodeo Dr.  
City Hopewell Junction  
State New York ZIP Code + 4 12533

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:

Teachers

12.b. Identify subject labor organizations:

Local 2013, U.F.C.W.