U.S. Epartment 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. 1245-0003
Expires 08-31-2016



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- 00464 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Marta De los Rios Title Title Office Manager Organization Labor Information Services, Inc. Organization P.O. Box, Bldg., Room No., if any PO Box 6063 P.O. Box, Bldg., Room No., if any Street Street City City Malibu State California ZIP Code + 4 90264 ZIP Code + 4 State 5. Type of person: 4. Date fiscal year ends: Partnership c. Corporation d. Dec Individual b. Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2015 24 Name Doug Mann 8. Name of person(s) through whom made: Organization Marland Institute College Art Name Doug Mann Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1300 Mount Royal Ave City Baltimore Name ZIP Code + 4 State Maryland 21217 Name

		-	Sign	atures			
the informa	tion contained in any		s) has been examine			rmation submitted in this r it of the undersigned's kno	
13. Signed	Bould P	mle_	President (If other title, see	14. Signed	Marta	) lez / 100	Treasurer (If other title, see
Title	President		instructions)	Title	Other (Specif	<b>[y</b> )	instructions)
					Office Manage	er	
On	04/29/2015	800-721-4547		On	04/29/2015	800-721-4547	
	Date	Telephone Numbe	r		Date	Telephone Number	

Filer. Marta De los Rios Labor Information Services, Inc.	File Number C- 00464
<u> </u>	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or inc	directly:
a. To persuade employees to exercise or not to exercise, or persuade employees as to the man collectively through representatives of their own choosing.  b. To supply an employer with information concerning the activities of employees or a labor org such employer, except information for use solely in conjunction with an administrative or arts.	ganization in connection with a labor dispute involving
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
Staring 3/25/15 until the assignment ends (no date has been determeetings with employees in the voting bargaining unit to discuss authorization cards and voting in the upcoming election. There i allocated to this work assignment. Billing of time and expenses	the realities of signing s no maximum numnber of hours

## Specific Activities to be Performed

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

written agreement as to a maximum billing amount.

a. Nature of activity:

To inform employees in the voting bargaining 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:	11.c. Extent performed:			
2/16/15 until end of assignment	On-going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Penne Familusi	Name			
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.			
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063			
Street	Street			
City Malibu	City Malibu			
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All voting employees in the bargaining unit.	All voting employees in the bargaining unit.			

Form LM-20 (2003)