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FUHM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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U.S. Department of Labor Office of Labor-Management

Standards Washington, DC 202 Reset

This report is mandatory under P.L. 88-257, 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 CAREFUL	LY BEFORE PREPARING THIS REPORT.
MS DROY	705126
1. File Number: C- 70 (
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name DAVID C ACOSTA	Name
Title PRESIDENT/TREASURER	Title
Organization REDSTONE ENTERPRISES	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5415 E WILLOWICK CIRCLE	Street
City ANAHEIM	City
State California ZIP Code + 4 92807	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
a. Individual - b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 17 / 2018
Name KATHI MARSEY	
Organization MGM HOTEL & CASINO	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 3799 LAS VEGAS BLVD	Name
City LAS VEGAS	Name
State Nevada ZIP Code + 4 89109	Name
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct Not Ready To Sign s in the instructions.) 13. Signed President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, Not Ready To Sign 14. Signed Treasurer (If other title, see instructions)
tamp elete	On 5/16/2019 714-306-2229
Date Telephone Number	Date Telephone Number

Filer:	File Number C-
9. Check the appropriate box to indicate whether an object of the activities under	rtaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements Verbal agreement to provide consultation and to give right to organize, bargain collectively and go on a Relations Act of 1935. Terms of billing are: \$150/B	ve speeches to employees about exercising their strikes according to the Guide to the National Labor
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity: To provide consultation and to give speeches based	tions): TEST PG CNT on the Guide to the National Labor Relations Act to
employees regarding their rights to organize, barga	ain collectively and strike.
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چان به در میسیسید به در باید شد. ب جر در میدهند بود با آمان، میگرید د	الله الله المنظم المنظمية الرابطية على الله الانتهام المنظمينية المنظم الله الله الله الله المنظم المنظم المنطقة المنظم
11.b. Period during which performed:	11.c. Extent performed:
8/17/2018 TO 8/29/2018	activity ended
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name DAVID BURK	Name
Organization LABOR INFORMATION SERVICES, INC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 27407 PACIFIC COAST HIGHWAY,	Street
City MALIBU	City
State California ZIP Code + 4 90265	State ZIP Code + 4
12.a. Identify subject groups of employees:	40 h Identify authors Inhan amanimations
GAMING AND GAMBLING CASINO	12.b. Identify subject labor organizations: UAW
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