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

FORM LM-20 $^{\prime \nu c}$

705206
Form approved
Office of Management
and Budget
No. 1245-0003

3. Any other address where records necessary to verify this report are kept:

Expires 03-31-2019



1. File Number:

Person Filing

C- 00464

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

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.

Name Marta	De los Rios	Name		
Title Office Manager		Title		
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 Malibu		City		
State California	ZIP Code + 4 90264	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 19 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: 4 / 28 / 2019		
Name Jeaneen Pitts		, ,		
Organization UPS Freight		8. Name of person(s) through whom made:		
Trade Name, if any		Name Jeaneen Pitts		
P.O. Box, Bldg., Room No., if any		Name		
Street 1000 Semmes Ave		Name		
City Richmond		Name		
State Virginia	ZIP Code + 4 23224	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 Javid Sur	President (If other title, see	14. Signed Marke Delos Treasurer (If other title, see		
Title President	instructions)	Title Other (Specify) instructions)		
		Office Manager		
On 05/20/2019 80	0-721-4547	On 05/20/2019 800-721-4547		
Date	Telephone Number	Date Telephone Number		
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Filer: Marta De los Rios Labor Information Services, Inc.	File Number C- 00464
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 collectively through representatives of their own choosing.	exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor organization such employer, except information for use solely in conjunction with an administrative or arbitral pro-	on in connection with a labor dispute involving occeeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	
Starting 4/28/19 until the assignment ends (no end date has been deter conducting meetings with employees in the voting bargaining unit to di authorization cards and voting in the upcoming election. There is no allocated to this work assignment. Billing of time and expenses will written agreement as to a maximum billing amount.	scuss the realities of signing maximum number of hours

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

11.c. Extent performed:	
On-going	
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.b. Identify subject labor organizations:	
Teamsters	