

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

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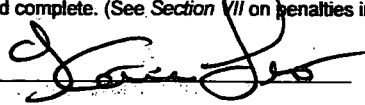
1. File Number: C- 67565

Person Filing	
2. Name and mailing address (include ZIP Code): Name Katherine G Lev Title President Organization ERL Consulting, LLC P.O. Box, Bldg., Room No., if any Street 21 Pleasant Street City Hudson State Massachusetts ZIP Code + 4 01749	3. Any other address where records necessary to verify this report are kept: Name N/A Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 16	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Matt Petersen Organization Institute of Culinary Education Trade Name, if any P.O. Box, Bldg., Room No., if any Street 225 Liberty Street City New York State New York ZIP Code + 4 10281	7. Date entered into: 12 / 5 / 2016 8. Name of person(s) through whom made: Name Matt Petersen 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 President On 3/17/2017 Date 3/17/2017 Telephone Number 617-686-5775	14. Signed N/A Title Treasurer On Date Telephone Number 374
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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.):

Verbal. 2500/Day plus reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees regarding their rights under the NLRA.

11.b. Period during which performed:

12/5/16-12/15/16

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name N/A

Organization

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

Street

City

State ZIP Code + 4

Additional Name and address through whom performed, if any:

Name N/A

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Faculty

12.b. Identify subject labor organizations:

UFT