

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

527763

1. File Number: c-65537

Person Filing

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

Name: *National Labor Consultants LLC*
Title: *President*
Organization:
P.O. Box, Bldg., Room No., if any: *516-1H Industrial Loop*
Street:
City: *ST NY*
State: *NY* ZIP Code + 4: *10309*

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:

3/31/13

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify):

LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name: *Kelley Amerit Fleet Services*
Organization:
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: *1331 N. California Blvd Suite 150*
City: *Walnut Creek*
State: *CA* ZIP Code + 4: *94591-4537*

7. Date entered into:

3/28/2012

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

Name: *Jennifer Tall*
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

4/15/13
Date

(718) 227-5191
Telephone Number

On

Date

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.):

Oral agreement to educate on election process and company policies/procedures

Specific Activities to be Performed

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

a. Nature of activity:

- Conduct NLRB training for employee education on their rights
Topics discussed: NLRB election process; collective bargaining, company position on union, company benefits/policies

11.b. Period during which performed:

3/28/12 - 12/18/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization

NLC

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

Street 516 - 1H Industrial Loop

City

SI

State

NY

ZIP Code + 4 10319

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:

All employees except management

12.b. Identify subject labor organizations:

CWA / IAM