

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)

596476

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 569

Person Filing

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

Name Bradley E White

Title President

Organization Interlate Systems, Inc.

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

Street 145 S. Lincolnway

City North Aurora

State Illinois

ZIP Code + 4 60542

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 / 31

5. Type of person:

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):

Name Susan Oswald

Organization Helping Hand

Trade Name, if any

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

Street 9649 W. 55th St.

City Country Side

State Illinois

ZIP Code + 4 60525

7. Date entered into:

5 / 14 / 2015

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

Name

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 [Signature]

President
(If other title, see
instructions)

Title President

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 08/05/2015 630-966-0214

Date

Telephone Number

On 08/05/2015 630-966-0214

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.):

No Written agreement was executed. Work performed on an hourly basis, as needed.

Specific Activities to be Performed

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

a. Nature of activity:

Provide voting unit employees with information concerning collective bargaining and work stoppages.
Editing of written documents posted at times for unit perusal.

11.b. Period during which performed:

Late May 7 2015

11.c. Extent performed:

as needed

11.d. Name and address through whom performed:

Name Bradley E White

Organization Interlate Systems, Inc.

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

Street 145 S. Lincolnway

City North Aurora

State Illinois ZIP Code + 4 60542

Additional Name and address through whom performed, if any:

Name Viviana Marin

Organization Interlate Systems Inc.

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

Street 145 S. Lincolnway

City North Aurora

State Illinois ZIP Code + 4 60542

12.a. Identify subject groups of employees:

27 educational aids

12.b. Identify subject labor organizations:

UAW local 2330