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

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Manage ment
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)

601523

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing  2. Name and mailing address (include ZIP Code):  Name Reatta De los Rios Title Office Manager  Organization Labor Information Services, Inc.  P.O. Box, Bidg., Room No., if any po Box 6063  P.O. Box, Bidg., Room No., if any po Box 6063  P.O. Box, Bidg., Room No., if any po Box 6063  Street  City Malibu  State California  ZIP Code + 4 90264  State California  ZIP Code + 4 90264  A. Date fiscal year ends: Dec 15  a. Individual b Partnership c Corporation d Other (Specify):  Name Ric Patersen  Organization Hourself of Agreement or Arrangement  S. Full name and address of employe with whom made (include ZIP Code): Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 6420 E Broadway Ave City Spokane  State Wisconsin  ZIP Code + 4 99220  Name  Title President  (Itoher fills, see instructions)  14. Signed  Other (Specify)  Office Manager  Title President  Title Other (Specify)  Office Manager  Title President  Title Other (Specify)  Office Manager  Title President  Title Other (Specify)  Date  Telephone Number	· · · · · · · · · · · · · · · · · · ·			·				
2. Name and mailing address (include ZIP Code):  Name Marta  De los Rios  Title  Office Manager  Organization Labor Information Services, Inc.  P.O. Box, Bidg., Room No., if any po Box 6063  Street  City State California  ZIP Code +4 90264  State  State  Street  City State California  ZIP Code +4 90264  State  State  Street  City Name Ric Organization  Pattersen  6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Organization  7. Date entered into:  10 / 14 / 2015  8. Name of person(s) through whom made:  Name Name Name Name Ric Patersen  Name Name State Wisconsin  ZIP Code +4 99220  Name  State Wisconsin  ZIP Code +4 99220  Name  Signatures  Each of the undersigned decise, under pranalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the inf	1. File Number: C- 00464	1						
2. Name and mailing address (include ZIP Code):  Name Marta  De los Rios  Title  Office Manager  Organization Labor Information Services, Inc.  P.O. Box, Bidg., Room No., if any po Box 6063  Street  City State California  ZIP Code +4 90264  State  State  Street  City State California  ZIP Code +4 90264  State  State  Street  City Name Ric Organization  Pattersen  6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Organization  7. Date entered into:  10 / 14 / 2015  8. Name of person(s) through whom made:  Name Name Name Name Ric Patersen  Name Name State Wisconsin  ZIP Code +4 99220  Name  State Wisconsin  ZIP Code +4 99220  Name  Signatures  Each of the undersigned decise, under pranalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the inf								
Name Marta De los Rios Title Office Manager  Organization Labor Information Services, Inc.  P.O. Box, Bidg, Room No., If any po Box 6063  Street  City Malibu  State California ZIP Code + 4 90264  4. Date fiscal year ends: Dec	Person Filing							
Title Office Manager Organization Labor Information Services, Inc. P.O. Box, Bidg., Room No., if any po Box 6063 P.O. Box, Bidg., Room No., if any po Box 6063 P.O. Box, Bidg., Room No., if any po Box 6063 Street City Malibu State California ZIP Code + 4 90264 State Patersen: Dec	2. Name and mailing address (include Z	IP Code):	3. Any othe	r address where records	necessary to verify t	his report are kept:		
Organization Labor Information Services, Inc.  P.O. Box, Bidg., Room No., If any po Box 6063  Street  City State California  ZiP Code +4 90264  State  State  State  State  State  State  City State California  ZiP Code +4 90264  State  State  State  State  State  City State  City State  City State  State  City State  State  City Spokane  Signatures  Sig	Name Marta	De los Rios	Name					
P.O. Box, Bidg., Room No., if any Po Box 6063  Street  City Malibu  State California  ZiP Code + 4 90264  State *** ZiP Code + 4  4. Date fiscal year ends: Dec	Title Office Manager		Title					
Street City Malibu State California ZIP Code + 4 90264 State	Organization Labor Information	n Services, Inc.	Organizatio	n				
City Malibu  State California  ZIP Code + 4 90264  State  State  City  State  City  State  ZIP Code + 4  State  St	P.O. Box, Bldg., Room No., if any PO	Box 6063	P.O. Box, E	Bldg., Room No., if any				
State California  ZIP Code + 4 90264  State	Street	*	Street					
4. Date fiscal year ends:  Dec	City Malibu		·City					
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 6420 E Broadway Ave  City Spokane  State Wisconsin  ZIP Code + 4 99220  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 thrue, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  Title President  Title President  Title T	State California	ZIP Code + 4 90264	State	o	ZIP Code + 4			
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 6420 E Broadway Ave City Spokane  State Wisconsin  ZIP Code + 4 99220  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  Tittle  President  Tittle  President  Treasurer  (If other title, see instructions)  14. Signed  Other (Specify)  Office Manager  Treasurer  (If other title, see instructions)  Treasurer  (If other title, see instructions)  Treasurer  Title Treasurer	4. Date fiscal year ends:	5. Type of person:						
6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any  Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  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 true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President Title President Title Other (Specify) Office Manager  On 12/03/2015 Date Telephone Number  7. Date entered into: 10	Dec / 15	a. Individual b. Partnership	c. Corporation d. Other (Specify):					
6. Full name and address of employer with whom made (include ZIP Code):  Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any  Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  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 true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President Title President Title Other (Specify) Office Manager  On 12/03/2015 Date Telephone Number  7. Date entered into: 10	•	7						
Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bildg., Room No., if any  Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  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  Title  President  Title  President  Title  President  Title  Title  Title  President  Title  Title  On 12/03/2015  B00-721-4547  On 12/03/2015  Date  Telephone Number  Telephone Number  Telephone Number	Nature of Agreement or Arrangement							
Name Ric Patersen  Organization Kenworth Sales Spokane  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  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 Title President Title Tit	6. Full name and address of employer v	ith whom made (include ZIP Code):	7. Date ent		/ 11 / 6			
Trade Name, if any P.O. Box, Bldg., Room No., if any Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  Rame  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  On 12/03/2015 800-721-4547  Date  Telephone Number  Name  Nam	Name Ric Patersen			<del></del>	, , -	015		
P.O. Box, Bldg., Room No., if any Street 6420 E Broadway Ave City Spokane State Wisconsin  ZIP Code + 4 99220  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  (If other title, see instructions)  Treasurer  (If other title, see instructions)  Office Manager  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number	Organization Kenworth Sales Spokane			person(s) through whom	i made:			
Street 6420 E Broadway Ave  City Spokane State Wisconsin  ZIP Code + 4 99220  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  (If other title, see instructions)  Title  Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number	Trade Name, if any	:	Name Ri	C	Patersen			
City Spokane State Wisconsin  ZIP Code + 4 99220  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  Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number	P.O. Box, Bldg., Room No., if any	;	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)  Treasurer  (If other title, see instructions)  Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date Telephone Number  Date Telephone Number	Street 6420 E Broadway Ave		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  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number	City Spokane	1 1 1	Name <sub>.</sub>		•			
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  Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number	State Wisconsin	ZIP Code + 4 99220	Name					
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  Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date  Telephone Number  Date  Telephone Number		Signa	tures		•			
Title President (If other title, see instructions)  Title Other (Specify)  Office Manager  On 12/03/2015 800-721-4547  Date Telephone Number Date Telephone Number	the information contained in any accord	panying documents) has been examined	penalties of I by the signa	aw, that all of the inform tory and is, to the best o	ation submitted in thi f the undersigned's k	report (including nowledge and belief,		
Title   Title   Other (Specify)   Office Manager	13. Signed and the	(If other title, see	14. Signed	Monta De	Color	(If other title, see		
On 12/03/2015 800-721-4547 On 12/03/2015 800-721-4547  Date Telephone Number Date Telephone Number	Title President	instructions)	Title	instructions) —				
Date Telephone Number Date Telephone Number		i		Office Manager				
	On 12/03/2015 80	0-721-4547	Οņ	12/03/2015	800-721-4547	<u> </u>		
	Date	Telephone Number		Date		per		

<u> </u>	<u> </u>			<u> </u>			
Filer Marta De los Rios I	abor Information Services,	Inc.	File Number C- 00464				
· · · · · · · · · · · · · · · · · · ·			<u> </u>				
9. Check the appropriate box to indicate	whether an object of the activities under	aken, is directly or indirectly:					
a. To persuade employees to ex collectively through represent	to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain esentatives 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.							
				<u> </u>			
10. Terms and conditions (Explain in det	tail; see instructions. Written agreements	must be attached.):		,			
meetings with employees authorization cards and allocated to this work as	10/14/15 until the assignment ends (no date has been determined), our firm will be conducting s with employees in the voting bargaining unit to discuss the realities of signing zation cards and voting in the upcoming election. There is no maximum numnber of hours ed to this work assignment. Billing of time and expenses will be done monthly. There is no agreement as to a maximum billing amount.						
.•	<u>:</u>		<u> </u>				
		·					
Specific Activities to be Performed				[			
11. For each activity, separately list in de	etail the information required (See instructi	ons):					
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.b. Period during which performed:		11.c. Extent performed:					
10/14/15 until end of	assignment	On-going		<u>.</u>			
11.d. Name and address through whom	performed:	Additional Name and address	ss through whom performed,	if any:			
Name Phil B	rown	Name					
Organization Labor Information	n Services, Inc.	Organization Labor Inf	ormation Services,	Inc.			
P.O. Box, Bldg., Room No., if any PO Box 6063		P.O. Box, Bldg., Room No., if any PO Box 6063					
Street		Street	-				
City Malibu		City Malibu					
State California	ZIP Code + 4 90264	State California	ZIP Code	+4 90264			
. 12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:					
All voting employees in t	he bargaining unit.	All voting employe	 ees in the bargaini	ng unit.			
;							
!							
j							