

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

681609

1. File Number: C- 65931

Person Filing

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

Name Michael Ciabattoni
Title Principal
Organization MSC Labor Relations and Legislative
P.O. Box, Bldg., Room No., if any
Street 27 Catherine Court
City Bear
State Delaware ZIP Code + 4 19701

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:

Dec / 31

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
Organization V Theater Group, LLC
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3663 Las Vegas Blvd. S., Ste 360
City Las Vegas
State NV ZIP Code + 4 89109

7. Date entered into:

5 / 9 / 2018

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

Name David Saxe
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 Principal

14. Signed

Treasurer
(If other title, see
instructions)

Title

On 6/15/2018 301-312-6632
Date 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. ☒ **EDUCATE** To ~~persuade~~ **EDUCATE** 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 agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 5/10/18

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phillip B. Wilson
 Organization LRI Consulting Services, Inc.
 P.O. Box, Bldg., Room No., if any
 Street 7850 South Elm Place, Suite E
 City Broken Arrow
 State Oklahoma ZIP Code + 4 74011

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:

Stagehands, riggers, lighting and audio technicians

12.b. Identify subject labor organizations:

Theatrical Stage Employees