## toment of Labor ibor-Management standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved
Office of Management
and Budget
No. 1245-0003

Expires 10-31-2013



For Official Section 2016 Individuals 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 CAREFUL	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
5-01252		
1. File Number: C- 65536		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name RANDY C. MCCARTHY	Name	
Title Sec-Tres.	Title	
organization National Consultants Associated, Ltd.	Organization	
⊋CO:Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 66 Rodeo Drive	Street	
city Hopewell Junction	City	
State New York ZIP Code + 4 /2533	State ZIP Code + 4	
.4. Date fiscal year ends: 5. Type of person:		
6 / 30 a Individual b Partnership	c. Corporation d Other (Specify):	
	and the second s	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name Reed Smith LLP	7/25/2014	
Organization	8. Name of person(s) through whom made:	
Trade Name, if any	Name DAVID WEISSMAN, ESQ	
P.O. Box, Bldg., Room No., if any	Name	
Street 599 Lexington Ave	Name	
City No. Val	Name	
State New York ZIP Code + 4 10022	Name	
Signatures		
Each of the undersigned declares, under penalty of perium 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 true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President	14. Signed Treasurer	
Title President (If other title, see instructions)	Title Treasurer (If other title, see instructions)	
On 8/29/14 845-592-4400  Date Telephone Number	On 8/29/14 845-592-4400  Date Telephone Number	

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National Consultants Itssociates,	Ltd. The Mulliber of 653.36
9. Check the appropriate box to indicate whether an object of the activities undertained in the activities of the activities o	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly of 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.):	
Assist Ferra Contracting Services, LLC in NLRB Election Campaign against Local 965, Operating Engineer and	
Commence of 1915 point on Engineer and	
Campaign against Local 165, Operating Crigineer	
Local 159, Laborers.	
Fee: \$25,000. plus expenses.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction)	
a. Nature of activity: Held meet as with ma	magement staff held meeting
with all eligible voters and assisted fellows, all to convince the unit e	tellin drafting leaflets and
Illes all I a was the wall	to who "NO" in AURR
Jelfus, all to convince the unit e	aproyees 70 vote 100 /11/12/2
	C16C116N
11.b. Period during which performed: 7/2 9/14 - 8/20/14	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Randy C. McCarthy and Andrew J.	Name
Name Randy C. M. Cathy and Andrew J.  Organization National Consultants Assoc. Ltd.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street Go Roleo Drive	Street
city Hopewell Jundian	City
State New York ZIP Code + 4 12533	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
	1 10/5 - 1 - 6
Equipment Operators & Mechanics	Local 962, Operating Engineers
	Local 965, Operating Engineers & Local 159, Laborers
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