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

FORM LM-20 structure cases and office using AGREEMENT AND ACTIVITIES REP

Form approved Office of Management: No. 1245-0003

-----Expires-07-31-2019



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

| 7 7 1 7 2n 1 | pement Reporting and Disclosure Act of 1959, as amended, (EMRDA) | |
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| 4. Date is 1918 1. pe of person. Abb 1. pe of person. X Dec 1. pe of person. | (2/57) | |
| NA _a | LY BEFORE PREPARING THIS REPORT. | |
| SID CORP + 8 CHOOL | [7](99) | |
| 1. File Number: C- 68086 | · | |
| the STO A to Total | i | |
| Person Filing | 27 cm | |
| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: | |
| Washin Name Steven J Loeffler | Name N/A 21-239 | |
| Title For Cffr | Title | |
| Organization | Organization | |
| P:O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | |
| Street 623 Beauhaven Lave | Street | |
| City waxhaw | City | |
| -State-North Carolina ZIP Code + 4 28173 | State ZIP Code + 4 | |
| 4. Date fiscal year ends: 5. Type of person: | What proves the later and the same the state of the same the same that the same the same that the same that the same the same that the same th | |
| Washin Name Dec 18 .5.2 .4 a Individual b Partnership | c. Corporation d Other (Specify): | |
| Title To the mendate was seen to that it as one and the title of the t | BASON BUTTABLE IN THE HELL HELL HELL HELL HELL HELL HELL | |
| Nature of Agreement or Arrangement | | |
| -0 | 7. Date entered into: 340 - 502-44. | |
| 6. Full name and address of employer with whom made (include ZIP Code): O'Nôme Katherine Lev | 7. Date entered into: 30 5020 13 / 2018 500 3000 | |
| Organization Lev Labor, LLC | 8. Name of person(s) through whom made: | |
| | | |
| Frade Name, if any | Name | |
| | Name | |
| P.O. Box. Bldg., Room No., if any - Side | Name Name | |
| P.O. Box, Bldg., Room No., if any - Sietc | Name | |
| P.O. Box, Bldg., Room No., if any Sight Si | Name Name | |
| P.O. Box, Bldg., Room No., if any State of the state of t | Name Name Name | |
| P.O. Box. Bldg., Room No., if any Sizet -: Sireet -21 Pleasant Street 4. Det City. Hudson Nam. —State -Massachusetts ZIP Code + 4 01749 | Name Name Name Name tures penalties of law, that all of the information submitted in this report (including | |
| P.O. Box. Bldg., Room No., if any Sight | Name Name Name Name tures penalties of law, that all of the information submitted in this report (including | |
| P.O. Box, Bldg., Room No., if any Sizet | Name Name Name Name Name tures penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) | |
| P.O. Box, Bldg., Room No., if any Size 21 Pleasant Street 4. Der 5. City. Hudson Nam. —State -Massachusetts ZIP Code + 4 01749 Till. Nature. Signa Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Treads of the Under (Specify) Other (Specify) Other (Specify) | Name Name Name Name Name tures penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed | |
| P.O. Box, Bldg., Room No., if any Sizet | Name Name Name Name Name tures penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) | |
| P.O. Box, Bldg., Room No., if any Sizet | Name Name Name Name Name tures penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions) | |

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| Filer: Steven Loeffler | File Nu | mber C - 6866 | |
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| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: | | | |
| The second of th | | | |
| 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.): | | | |
| Verbal. 1500/Day plus reasonable expenses. | | | |
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| Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instructions): | | | |
| is, a. Nature of activity: | | | |
| To educate, rather than to persuade, employees regarding their rights under the NLRA. | | | |
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| AAL Daid duine which and an a | | | |
| 11.b. Period during which performed: 3/15/2018-3/29/18 | 11.c. Extent performed: Fully | | |
| 11.d.·Name and address through whom performed: | Additional Name and address through whom performed, if any: | | |
| Name Katie Lev | Name | | |
| Organization Lev Labor, LLC | Organization | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any | | |
| Street 21 Pleasant Street | Street | | |
| City Hudson, MA 01749 | City | | |
| State Massachusetts ZIP Code + 4 01749 | State | ZIP Code + 4 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | | |
| Trolley Conductors | Teamsters Local 25 | | |
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