

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

AUG 22 2011

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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.

465180

1. File Number: c- 739

Person Filing

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

Name Amanda M Fugazy

Title Partner

Organization Fugazy & Rooney LLP

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

Street 126 Glen St.

City Glen Cove

State New York

ZIP Code + 4 11542

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 / 11

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 Cheryl Nazario

Organization Daytop Village, Inc.

Trade Name, if any

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

Street 54 w. 40th St.

City New York

State New York

ZIP Code + 4 10018

7. Date entered into:

7 / 16 / 2011

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

Name Michael Dailey

Name

Name

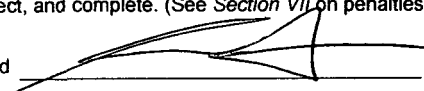
Name

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 Managing Partner

ATTORNEY

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 8/15/2011

Date

516-584-1642

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. ☒ 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.):

Provide services to Daytop, as explained in more detail below, at the standard hourly rate charged to Daytop by this firm.

Specific Activities to be Performed

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

a. Nature of activity:

Attend meetings on 7/18/11 and 7/19/11 regarding organizing activities at Daytop's Parksville facility to answer questions regarding employees' legal rights in regards thereto.

11.b. Period during which performed:

7/18/11-7/19/11

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Amanda M Fugazy

Organization Fugazy & Rooney LLP

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

Street 126 Glen St.

City Glen Cove

State New York ZIP Code + 4 11542

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:

Non-supervisory employees of Daytop employed in Sullivan County (Parksville and Swan Lake facilities).

12.b. Identify subject labor organizations:

Teamsters Local 445