Department of Labor toe of Labor-Management Standards Washington, DC 20210

FORM LM-20 Aneroled AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019



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 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.

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1. File Number: C- 435		
Person Filing		
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name REGINACD E HOCKENBERY	Name	
Title CONSULTANT	Title	
Organization SELF EmployEi)	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 33 BEIVIDELE ST	Street	
City NAZANETH	City	
State A ZIP Code + 4 [JUG]	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
12 31 / 17 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):	7. Date entered into:	
Name	1 / 24 / 2017	
Organization LAFAYETTE COUSE	8. Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 730 HIGH STAZET	Name	
City EASTON	Name	
State PA ZIP Code +4 18042	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.)		
President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)	
Title IIIestualit	Title Treasurer	
on 1/20/17 610 730 5052	On	
Date Telephone Number	Date Telephone Number	

	File Number C- 635	
9. Check the appropriate box to indicate whether an object of the activities under	taken, 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.):		
TO ASSIST THE GIKKE DURING AN ORGANIZING CAMPAGEN.		
PAYMENT MADE BASED ON AN HENRY RATE TO BE INVOICED ATH THE CONCLUSION OF THE CAMPBIAN ELECTION.		
AAI THE GONCLUSION OF TELE	CAMPAIAN EISTINU.	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity:		
OPRIVIDE PROFESSION AT EXPERTISE AND ADVICE DURING THE CAMPAGNA @ ASSIST WITH PARPARATION OF WRITTED CONSUMCATAND. TO EMPLYEES		
3 ADVISE MANAGER AND SUPERVISORS (4) PROVIDE INFORMATION TO ExployESS DURING THE CAMPSIAN		
11.b. Period during which performed:	11.c. Extent performed:	
1/24/2017 Thru 2/27/2017	PERSUADER ACTIVITY	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization LAFAYSTE G1/866	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 730 HIGH STORET	Street	
City EASTON B	City	
State Dr ZIP Code + 4 /FO4 2	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
CAMPUS POLICE OFFICERS SECURITY OFFICERS DISPATCHERS	LEOSCI NEW YORK, NEW YOUR	
LECURITY OFFICENS		
DIS PATCHERS		