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

## FORM LM-20 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.

659483

1. File Number: C- 00464			
	·		
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Marta De los Rios	Name		
Title Office Manager	Title		
Organization Labor Information Services, Inc.	Organization		
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Malibu	City		
State California ZIP Code + 4 90264	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 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: 7 / 12 / 2017		
Name Brian Keegan			
Organization PCC Structurals	8. Name of person(s) through whom made:		
Trade Name, if any	Name Brian Keegan		
P.O. Box, Bldg., Room No., if any	Name		
Street 9200 Sunnybrook Blvd	Name		
City Clackamas	Name		
State Oregon ZIP Code + 4 97015	Name		
Sign	natures		
Each of the undersigned declares, under penalty of perjury and other applicabe the information contained in any accompanying documents) has been examine true, correct; and complete. (See Section VII on penalties in the instructions.)	le penalties of law, that all of the information submitted in this report (including ed by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see instructions)	14. Signed Warta Ce lost of Treasurer (If other title, see instructions)		
Title President	Title Other (Specify)		
	Office Manager		
On 08/16/2017 800-721-4547	On 08/16/2017 800-721-4547		
Date Telephone Number	Date Telephone Number		

Filer Marta De los Rios Labor Information Services, Inc. File Number C- 00464	
	\$ 150
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 ba collectively through representatives of their own choosing.	ırgain
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involved such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding or civil procee	volving oceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	•
Starting 7/12/17 until the assignment ends (no end date has been determined, our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of si authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There i written agreement as to a maximum billing amount.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
To inform employees in the voting bargaining unit to exercise their right to choose whether or they wish to be represented for the purposes of collective bargaining.	not
44 b Daired during which professed	
11.b. Period during which performed:  7/12/17 until end of assignment  0n-going	
11.d. Name and address through whom performed:  Additional Name and address through whom performed, if any:	
Name Chuck Ahern Name Jim Anderson	
Organization Labor Information Services, Inc.  Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063  P.O. Box, Bldg., Room No., if any PO Box 6063	
Street Street	
City Malibu City Malibu	
State California ZIP Code + 4 90264 State California ZIP Code + 4 902	64
12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.  All voting employees in the bargaining unit.	t.

## Specific Activities to be Performed (Continuation Page)

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

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

		11.c. Extent performed:	med:	.b. Period during which perform
			med.	.b. Fellod duling which perion
		On-going	d of assignment	7/12/17 until end
	s through whom performed, if any:	Additional Name and addres	gh whom performed:	.d. Name and address through
	Norris	Name William	Brown	ame Phil
	ormation Services, Inc.	Organization Labor Inf	mation Services, Inc.	ganization Labor Inform
	fany PO Box 6063	P.O. Box, Bldg., Room No.,	ny PO Box 6063	O. Box, Bldg., Room No., if an
		Street		reet
		City Malibu		ty Malibu
Į	ZIP Code + 4 90264	State California	ZIP Code + 4 90264	ate California
	s through whom performed, if any:	Additional Name and addres	rough whom performed, if any:	ditional Name and address thro
		Name	Stephenson	me Charles
		Organization	mation Services, Inc.	ganization Labor Informa
	fany	P.O. Box, Bidg., Room No.,	y PO Box 6063	D. Box, Bldg., Room No., if any
		Street		eet
		City		y Malibu
	ZIP Code + 4	State	ZIP Code + 4 90264	ate California
	rganizations:	12.b. Identify subject labor	mployees:	a. Identify subject groups of en
,	es in the bargaining unit.	All voting employe	in the bargaining unit.	all voting employees
_	s through whom performed, if any:  f any  ZIP Code + 4	City Malibu State California  Additional Name and address Name Organization P.O. Box, Bldg., Room No., Street City State  12.b. Identify subject labor of	rough whom performed, if any: Stephenson mation Services, Inc.  By PO Box 6063  ZIP Code + 4 90264	ate California  ditional Name and address thro me Charles ganization Labor Informa  D. Box, Bldg., Room No., if any eet y Malibu ate California