

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

657892

1. File Number: C- 65931

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Michael Ciabattoni	Name
Title Principal	Title
Organization MSC Labor Relations and Legislative	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 27 Catherine Court	Street
City Bear	City
State Delaware ZIP Code + 4 19701	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 9 / 2017
Name	8. Name of person(s) through whom made:
Organization Morrison Healthcare	Name Karla Lux
Trade Name, if any Compass Group USA, Inc.	Name
P.O. Box, Bldg., Room No., if any	Name
Street 30 3rd Street SE, Suite 300	Name
City Rochester	Name
State MN ZIP Code + 4 55902	

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 III on penalties in the instructions.)

13. Signed
Title Principal

President
(If other title, see
instructions)

14. Signed _____
Title _____

Treasurer
(If other title, see
instructions)

On 10/2/2017 301-312-6632
Date 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~~ ^{EDUCATE} employees to exercise or not to exercise, or ~~persuade~~ ^{EDUCATE} 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 agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 8/14/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Phillip B Wilson

Organization LRI Consulting Services, Inc.

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Wait Staff, Production Assistants, Dish Staff,
Dining Room Assistants, Food Service Workers

12.b. Identify subject labor organizations:

SEIU Healthcare Minnesota