

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

U.S. DEPT. OF LABOR
RECEIVED
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OLMS DRDA

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.

1. File Number: C-65143

Person Filing

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

Name Frank P Clark

Title Attorney

Organization Clark Law Office

P.O. Box, Bldg., Room No., if any PO Box 1254

Street

City Camp Hill

State Pennsylvania

ZIP Code + 4 17001-1254

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:

12/31

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 Balu Patel

Organization Ajay Industries, Inc.

Trade Name, if any Wingate by Wyndham

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

Street 1344 Eisenhower Blvd.

City Harrisburg

State Pennsylvania

ZIP Code + 4 17111

7. Date entered into:

9/13/2012

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

Name Balu Patel

Name Sam Batura

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

Frank P. Clark

President

(If other title, see instructions)

Title Sole Proprietor

14. Signed

Valeriy Assad

Treasurer

(If other title, see instructions)

Title Other (Specify)

Paralegal, Managing Assistant

On

2/8/13

Date

(717) 731-8600

Telephone Number

On

2/8/2013

Date

(717) 731-8600

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.):

Our office bills all clients at an hourly rate for all services and disbursements. All clients are sent an invoice on a monthly basis.

Specific Activities to be Performed

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

a. Nature of activity:

Our office may attend or observe conferences, elections, and meetings. We may provide legal advice and file legal documents on behalf of the employer regarding employment matters and representation proceedings. We may provide other services upon request of the employer.

11.b. Period during which performed:

09/13/2012 and forward

11.c. Extent performed:

Ongoing until matters are closed

11.d. Name and address through whom performed:

Name Frank P Clark

Organization Clark Law Office

P.O. Box, Bldg., Room No., if any PO Box 1254

Street

City Camp Hill

State Pennsylvania

ZIP Code + 4. 17001-1254

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:

Hourly employees at Wingate by Wyndham located at 1344 Eisenhower Blvd; Harrisburg, PA 17111.

12.b. Identify subject labor organizations:

Teamsters Local 929