

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

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.

1. File Number:

C- 62585 68057

Person Filing

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

Name Katherine G Lev

Title President

Organization Lev Labor, LLC

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

Street 21 Pleasant Street

City Hudson

State Massachusetts

ZIP Code + 4 01749

3. Any other address where records necessary to verify this report are kept:

Name N/A

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 18

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 Frederica Williams

Organization Whittier Street Health Center

Trade Name, if any

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

Street 1290 Tremont Street

City Roxbury

State Massachusetts

ZIP Code + 4 02120

7. Date entered into:

5 / 31 / 2018

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

Name Frederica Williams

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 Katherine Glendon Lev

President
(If other title, see
instructions)

Title President

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 6/29/2018

Date

617-686-5775

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. THE PURPOSE OF THIS ENGAGEMENT WAS TO EDUCATE EMPLOYEES ABOUT THEIR RIGHTS, ABOUT THE VOTING PROCESS AND ABOUT HOW LABOR LAW WORKS.
- 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. 2500/Day (prorated)

Specific Activities to be Performed

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

a. Nature of activity:

To educate, rather than to persuade, employees regarding their rights under the NLRA.

11.b. Period during which performed:

5/31/18-6/20/18

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Katie Lev

Organization Lev Labor, LLC

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

Street 21 Pleasant Street

City Hudson, MA 01749

State Massachusetts ZIP Code + 4 01749

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:

Nurses, doctors and dentists.

12.b. Identify subject labor organizations:

SEIU 1199