்.S. இதின் ment 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 08-31-2016

For Official 1300

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)

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TUL 2 8 20 5	LLY BEFORE PREPARING THIS REPORT.	
File Number DBQ		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Andrea M Sweeney	Name	
Title President	Title	
Organization 181 Consulting	Organization	
P.O. Box, Bldg., Room No., if any 134	P.O. Box, Bldg., Room No., if any	
Street 330 Washington Street	Street	
City Hoboken	City	
State New Jersey ZIP Code + 4 07030	State ZIP Code + 4	
4. Date fiscal year ends: 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):	7. Date entered into:	
Name Ron Bension	4 / 1 / 2011	
Organization Live Nation Worldwide, Inc.	8. Name of person(s) through whom made:	
Trade Name, if any	Name Ron Bension	
P.O. Box, Bldg., Room No., if any	Name	
Street 9348 Civic Center Drive	Name	
City Beverly Hills	Name	
State California ZIP Code + 4 90210	Name	
Sign	atures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including	
13. Signed Andrea Sweeney President (If other title, see	14. Signed Treasurer (If other title, se	
Title President instructions)	Titleinstructions)	
On 7/10/2015 617-771-5327 Date Telephone Number	On Date Telephone Number	

FIRST FILING

	
Filer	File Number C-

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. X 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.
 - 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.):

Live Nation contracts 181 Consulting, a labor relations consulting firm, to handle all of Live Nation's labor relations and union negotiations. 181 Consulting is paid on a monthly retainer for all work completed. In November and December 2014, part of 181 Consulting's responsibilities under our agreement with Live Nation was to handle a union petition that was filed in Philadelphia by IATSE Local 8. The election was held in December 2014. During the rest of 2014, there were no other union elections or organizing campaigns by any other Live Nation employees. No additional compensation was paid to 181 Consulting besides the monthly retainer required under our contract with Live Nation.

Specific Activities to be Performed		Add Additional Activity (Item 11)
11. For each activity, separately list in detail the information required (See instruc	tions):	
a. Nature of activity:		
To inform Employees of their rights under labor la the election process. For this situation, the nat persuasive as the IATSE Local 8 Union and Live Nat for this venue.	ure of the activity was more	e informative than
11.b. Period during which performed:	11.c. Extent performed:	
November and December 2014	2 Meetings, 1 Letter s	ent to EES
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Andrea Sweeney	Name	
Organization 181 Consulting	Organization	
P.O. Box, Bldg., Room No., if any #134	P.O. Box, Bldg., Room No., if any	
Street 330 Washington Street	Street	
City Hoboken	City	
State New Jersey ZIP Code + 4 07030	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organization	Add More Names (Item 11.d.) s:
Loader employees at the Tower Theater in Upper Darby, PA.		

Add Additional Activity (Item 11)