

# 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.

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1. File Number: C- 00464

Person Filing	
2. 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: Dec / 18	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> 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 / 2 / 2018
Name Efraim Steif	8. Name of person(s) through whom made:
Organization Upstate Services Group LLC	Name Efraim Steif
Trade Name, if any Highland Park Nursing Home	Name
P.O. Box, Bldg., Room No., if any Suite 325	Name
Street One Hillcrest Center Drive	Name
City Spring Valley	Name
State New York ZIP Code + 4 10977	

### 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	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title President		Title Other (Specify) Office Manager	
On 8/16/2018	800-721-4547	On 8/16/2018	800-721-4547
Date	Telephone Number	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.
- 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.):

Starting 7/2/18 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 signing 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 is no 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):

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.b. Period during which performed:

7/2/18 until end of assignment

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Russ Melita

Organization Labor Information Services, Inc.

P.O. Box, Bldg., Room No., if any PO Box 6063

Street

City Malibu

State California ZIP Code + 4 90264

Additional Name and address through whom performed, if any:

Name

Organization Labor Information Services, Inc.

P.O. Box, Bldg., Room No., if any PO Box 6063

Street

City Malibu

State California ZIP Code + 4 90264

12.a. Identify subject groups of employees:

All voting employees in the bargaining unit.

12.b. Identify subject labor organizations:

All voting employees in the bargaining unit.