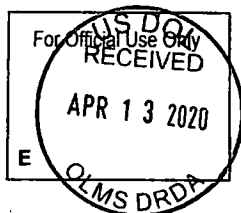


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021



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.

727557

1. File Number: C- 67729

Person Filing

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

Name **Matthew J. Antonek**
Title **President**
Organization **Employer Advisory Group, LLC**
P.O. Box, Bldg., Room No., if any **P.O. Box 86628**
Street
City **St. Petersburg**
State **FL** ZIP Code + 4 **33317**

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:

Dec / 2020

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): **Single Member LLC**

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name **Patrice Paldino, Executive Director**
Organization **Coast to Coast Legal Aid of South Florida**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **491 FL-7**
City **Plantation**
State **FL** ZIP Code + 4 **33317**

7. Date entered into:

2 / 27 / 20

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

Name
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

Matthew J. Antonek

President
(If other title, see instructions)

Title **President**

14. Signed

Treasurer
(If other title, see instructions)

Title **Treasurer**

On **3/30/20**

Date

727-888-1581

Telephone Number

On

Date

Telephone Number

Filer:

Matthew J. Antonek, Employer Advisory Group, LLC

File Number C- 67729

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.):

Oral agreement to perform services at an hourly rate.

Specific Activities to be Performed

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

a. Nature of activity:

Traveled to employer, met with management personnel, provided information to management and employees relative to the National Labor Relations Act, employees' Section 7 rights, as well as information regarding the NLRB election process and collective bargaining, answered questions.

11.b. Period during which performed:

Various dates beginning March 5, 2000

11.c. Extent performed:

NLRB election, March 13, 2020.

11.d. Name and address through whom performed:

Name **Matthew J Antonek**

Organization **Employer Advisory Group, LLC**

P.O. Box, Bldg., Room No., if any **PO Box 86628**

Street

City **St. Petersburg**State **FL** ZIP Code + 4 **33738**

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:

All full time and regular part time attorneys employed by the employer at its facility located at 491 North State Road 7, Plantation, FL during payroll period ending February 21, 2020

12.b. Identify subject labor organizations:

United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), Local 2320