

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

572877

1. File Number: C- 66153

Person Filing

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

Name Andrew B Kaplan
Title Attorney
Organization Webster Kaplan Sprunger LLP
P.O. Box, Bldg., Room No., if any _____
Street 1925 Century Park East, Suite 200
City Los Angeles
State California ZIP Code + 4 90067

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

Name None
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

Dec / 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 Nashwa Eisner
Organization Integrated Support Solutions
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 4283 Empress Ave.
City Encino
State California ZIP Code + 4 91436

7. Date entered into:

9 / 1 / 2014

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

Name See #6
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

Title

Managing Partner

President
(If other title, see
instructions)

14. Signed

Title

Partner

Treasurer
(If other title, see
instructions)

On 10/29/14

Date

(310) 282-9436

Telephone Number

On 10/29/14

Date

(310) 282-9428

Telephone Number

Filer: Andrew Kaplan Webster Kaplan Sprunger LLP	File Number C-
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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.):

See attached agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Provided speeches to be given by employer to employees.

11.b. Period during which performed: 9/10/14-10/1/14	11.c. Extent performed: Completed.
11.d. Name and address through whom performed: Name Andrew B Kaplan Organization Webster Kaplan Sprunger LLP P.O. Box, Bldg., Room No., if any Street 1925 Century Park East, Suite 200 City Los Angeles State California ZIP Code + 4 90067	Additional Name and address through whom performed, if any: Name None Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

12.a. Identify subject groups of employees: Employees of Integrated Support Solutions performing services at Garfield Hospital in Arcadia, CA.	12.b. Identify subject labor organizations:
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