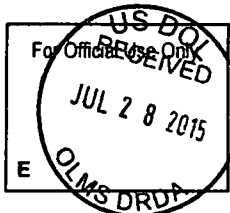


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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)

595883

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 635

Person Filing

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

Name REGINALD 2 HOCKENBERG
Title CONSULTANT
Organization
P.O. Box, Bldg., Room No., if any
Street 33 BELVIDERE ST
City NAZARETH
State PA ZIP Code + 4 18064

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 31 / 15

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 LISA Y REY
Organization LAFAYETTE COLLEGE
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 750 HIGH ST
City EASTON
State PA ZIP Code + 4 18042

7. Date entered into:

2 / 20 / 15

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

Title President

President
(If other title, see instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see instructions)

On

7/20/15

Date

610 730 5052

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.
- 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.):

TO CONSULT AND PROVIDE PERSUASION EXPERTISE
DURING THE COURSE OF THE ELECTION CAMPAIGN
INVOLVING THE COLLEGE SECURITY FORCE.

Specific Activities to be Performed

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

a. Nature of activity:

TO CONSULT AND ASSIST COLLEGE IN
PERSUASION ACTIVITY INVOLVING THE SECURITY FORCE
AND THE SPFPA

11.b. Period during which performed:

2/20/15

11.c. Extent performed:

2/20/15

11.d. Name and address through whom performed:

Name LWA Y REV

Organization LAFAYETTE COLLEGE

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

Street 250 ALLEY ST

City EASTON

State PA ZIP Code + 4 18042

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:

COLLEGE SECURITY FORCE
OFFICERS & SECURITY PERSONNEL

12.b. Identify subject labor organizations: