

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

714492

1. File Number: C- 68057

Person Filing

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

Name Katherine G. Lev

Title President

Organization Lev Labor, LLC

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

Street 21 Pleasant Street

City Hudson

State Massachusetts

ZIP Code + 4 01749

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

Name N/A

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): Individual LLC

Nature of Agreement or Arrangement

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

Name Anthony Decosmo

Organization Albertsons

Trade Name, if any

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

Street Innovation Drive

City Riverside

State California

ZIP Code + 4 92508

7. Date entered into:

12 / 16 / 2019

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

Name Anthony Decosmo

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 1/15/2020

Date

617-686-5775

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. ☒ ^{educate rather than persuade} To ~~persuade~~ educate employees to exercise or not to exercise, or ^{educate} ~~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.):

Verbal. No written agreement. Ongoing as needed. Daily rate.

Specific Activities to be Performed

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

a. Nature of activity:

To provide informaiton to employees regarding their rights under the NLRA. To ensure that accurate information is provided to employees. To respond to questions employees have about how labor law works and provide an opportunity for open dialog about the pros and cons of unionization.

11.b. Period during which performed:

Beginning 12/17/2019

11.c. Extent performed:

Ongoing as needed

11.d. Name and address through whom performed:

Name

Additional Name and address through whom performed, if any:

Name N/A

Organization

Organization

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

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

Street

Street

City

City

State

ZIP Code + 4

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Employees at Albertsons soup factory

12.b. Identify subject labor organizations:

Not confirmed.