

# 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.

557131

1. File Number:

c-66053

### Person Filing

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

Name William D Reilly

Title Individual Proprietor/Consultant

Organization NA

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

Street 534 East 85th Street

City New York

State New York

ZIP Code + 4 10028

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

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 Sidney Seligman

Organization Barnabas Health

Trade Name, if any

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

Street 95 Old Short Hills Road

City West Orange

State New Jersey

ZIP Code + 4 07052

7. Date entered into:

8 / 1 / 2011

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

*William D. Reilly*

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 5/25/2014

Date

212-879-8579

Telephone Number

On

Date

Telephone Number

Filer: William Reilly NA	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.):

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**Specific Activities to be Performed**

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

a. Nature of activity:

- Co-conduct NLRA employee training
- Supplement NLRA training by discussing the subjects raised in the training with employees and answer any related questions they might have

11.b. Period during which performed: 9/29/11 - 10/20/11	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name William D Reilly Organization NA P.O. Box, Bldg., Room No., if any Street 534 East 85th Street City New York State New York ZIP Code + 4 10028	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: Nursing employees at Community Medical Center, 99 Route 37 West, Toms River NJ 08755	12.b. Identify subject labor organizations: NYSNA