

# FORM LM-20 – AGREEMENT & ACTIVITIES REPORT

Office of Labor-Management Standards  
U.S. Department of Labor

OLMS

OMB No. 1245-0003. Expires 03-31-2019.

**IMPORTANT:** 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).

For Official Use Only <b>E</b>
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► Read the instructions carefully before completing this report. ◀

1.a. File Number: <b>C-</b>	1.b. <input type="checkbox"/> Hardship Exemption	1.c. <input type="checkbox"/> Amended Report
2. Contact information for person filing: Organization _____ Street _____ City _____ State _____ ZIP Code _____ Email Address _____ Employer Identification Number (EIN) _____ Contact Name _____ Title _____		3. Other address where records necessary to verify this report are kept: Name _____ Title _____ Organization _____ Street _____ City _____ State _____ ZIP Code _____ Email Address _____
4. Fiscal Year Covered: from _____ through _____ (mm/dd/yyyy) (mm/dd/yyyy)		5. Type of person a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other
6. Full name and address of employer with whom agreement or arrangement was made: <input type="checkbox"/> Check this box if you are filing a report for a union avoidance seminar. Organization (including trade name, if any) _____ Street _____ City _____ State _____ ZIP Code _____ Email Address _____ Employer Identification Number (EIN) _____ Contact Name _____ Title _____		7. Date agreement or arrangement entered into: _____ mm/dd/yyyy 8. Person(s) through whom agreement or arrangement made: (a) Employer Representative: Name and Title _____ <b>OR</b> (b) Prime Consultant: _____ Name and Title _____ Employer Identification Number (EIN) _____ Address _____

### 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.)

14. Signed \_\_\_\_\_  
Treasurer (If other title, see instructions.)

On \_\_\_\_\_  
Date (mm/dd/yyyy) Telephone Number \_\_\_\_\_

On \_\_\_\_\_  
Date (mm/dd/yyyy) Telephone Number \_\_\_\_\_

