

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

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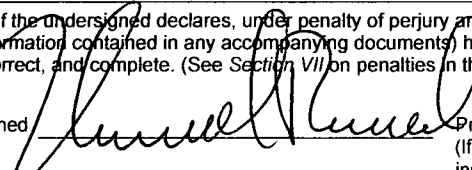
1. File Number: c- 685

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization M Rosado Mgmt Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA	Street
City Fort Lee	City
State NJ ZIP Code + 4 07024	State ZIP Code + 4
4. Date fiscal year ends: 8/16 /2012	5. Type of person:
	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 7 / 8 / 2011
Name Cath Charities	
Organization	
Trade Name, if any 305 Garfield PL	8. Name of person(s) through whom made:
P.O. Box, Bldg., Room No., if any	Name Emile Ryan
Street Brooklyn	Name
City	Name CONNOLLY + MULLANEY
State NY ZIP Code + 4 11215	Name APTS.

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 	14. Signed _____	Treasurer
(If other title, see instructions)		(If other title, see instructions)
Title President	Title Treasurer	
On 5/3/2012 201-655-9725	On _____	
Date	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.):

Verbal agreement to provide consultation and give speeches to employees about exercising their rights to organize & bargain collectively
\$187.50 per hour

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation and speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

7/10/2011 - 7/27/2011

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

LRI

Organization

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

Street

785 S ELM PL

City

BROKEN ARROW

State

OKLAHOMA

ZIP Code + 4

74011

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:

Medical Coordinators
Counselors

12.b. Identify subject labor organizations:

UFCW