

# FORM LM-20 – AGREEMENT & ACTIVITIES REPORT

OMB No. 1245-0003. Expires XX-XX-XXXX.

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).

Office of Labor-Management Standards

U.S. Department of Labor

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► Read the instructions carefully before completing this report. ◀

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|---|--|---|--|
| 1.a. File Number: <u>c-66020</u>  |  | 1.b. <input type="checkbox"/> Hardship Exemption  | 1.c. <input type="checkbox"/> Amended Report |
| 2. Contact information for person filing:<br>Organization <u>Quality Labor Solutions</u><br>Street <u>6055 Cordon Ave</u><br>City <u>Los Angeles</u> State <u>CA</u><br>ZIP Code <u>90066</u> Email Address _____<br>Employer Identification Number (EIN) _____<br>Contact Name <u>Evelyn Frago</u><br>Title <u>owner</u>   |  | 3. Other address where records necessary to verify this report are kept:<br>Name _____<br>Title _____<br>Organization _____<br>Street _____<br>City _____<br>State _____ ZIP Code _____<br>Email Address _____  |  |
| 4. Fiscal Year Covered: from <u>01/1/2016</u> through <u>12/31/2016</u><br>(mm/dd/yyyy) (mm/dd/yyyy)  |  | 5. Type of person<br>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other  |  |
| 6. Full name and address of employer with whom agreement or arrangement was made:<br><input type="checkbox"/> Check this box if you are filing a report for a union avoidance seminar.<br>Organization (including trade name, if any) <u>Quest Diagnostic</u><br>Street <u>8401 Fallbrook</u><br>City <u>Fallbrook</u> State <u>CA</u><br>ZIP Code <u>92044</u> Email Address _____<br>Employer Identification Number (EIN) _____<br>Contact Name <u>Rivka Fox</u><br>Title _____ |  | 7. Date agreement or arrangement entered into: <u>1/12/16</u><br>mm/dd/yyyy<br>8. Person(s) through whom agreement or arrangement made:<br>(a) Employer Representative:<br>Name and Title <u>BSC Associates</u><br>OR<br>(b) Prime Consultant:<br>Name and Title _____<br>Employer Identification Number (EIN) _____<br>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 [Signature]  
President (If other title, see instructions.)

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

On 3/31/16 Date (mm/dd/yyyy)  
310.729.6773 Telephone Number

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

Name of person filing:

File Number: C-

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form. If reporting a union avoidance seminar, a single copy of the registration form and a description of the seminar provided to attendees also must be attached by clicking the "Add Attachments" link at the top of the form.)

11. Information regarding activities performed or to be performed by the labor relations consultant pursuant to agreement or arrangement. (See instructions.)

a. Nature of activities performed or to be performed by the labor relations consultant pursuant to the agreement or arrangement:

**PERSUADER ACTIVITIES:** Select from the following reportable activities those which, per agreement with the employer(s) named in item 6, have been or will be performed:

- ☐ Drafting, revising, or providing written materials for presentation, dissemination, or distribution to employees
- ☐ Drafting, revising, or providing a speech for presentation to employees
- ☐ Drafting, revising, or providing audiovisual or multi-media presentations for presentation, dissemination, or distribution to employees
- ☐ Drafting, revising, or providing website content for employees
- ☒ Planning or conducting individual employee meetings
- ☒ Planning or conducting group employee meetings

- ☐ Training supervisors or employer representatives to conduct individual or group employee meetings
- ☐ Coordinating or directing the activities of supervisors or employer representatives
- ☐ Establishing or facilitating employee committees
- ☐ Developing employer personnel policies or practices
- ☐ Identifying employees for disciplinary action, reward, or other targeting
- ☐ Conducting a seminar for supervisors or employer representatives
- ☒ Speaking with or otherwise communicating directly with employees.
- ☐ Other

**INFORMATION-SUPPLYING ACTIVITIES:**

Select each activity whereby you supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer:

- ☐ Supplying information obtained from:
- ☐ Research or investigation concerning employees or labor organizations
- ☐ Supervisors or employer representatives
- ☐ Employees, employee representatives, or union meetings
- ☐ Surveillance of employees or union representatives (electronically or in person)
- ☐ Other

**ADDITIONAL INFORMATION:**

11.b. Period during which activities performed: \_\_\_\_\_  
mm/dd/yyyy – mm/dd/yyyy

11.c. Extent of performance:

ongoing

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name and Title \_\_\_\_\_

Type of Person: ☐ Employee of Consultant  
☐ Independent Contractor

Organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_

12.a. Identify subject groups of employees:

phlebotomists  
clerks

12.b. Identify subject labor organizations:

UACW