



FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

4
Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

For Official Use Only

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)

600456

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

66659

Person Filing

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

Name

Keith Peraino

Title

CEO

Organization

Creative Solutions & Visions LLC

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

PO Box 422812

Street

City

Kissimmee

State

FL

ZIP Code + 4

34742

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:

12/2015

5. Type of person:

a. ☐ Individual

b. ☐ Partnership

c. ☐ Corporation

d. ☒ Other (Specify):

LLC

Nature of Agreement or Arrangement

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

Name

Maureen Pollack

Organization

Eagleville Hospital

Trade Name, if any

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

Street

100 Eagleville Rd

City

Eagleville, PA

State

ZIP Code + 4

19403

7. Date entered into:

07/30/2015

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

Name

Maureen Pollack

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

10/16/15

Date

Telephone Number

732-589-1439

On

Date

Telephone Number

26-7

Keith Peraino	File Number C-
---------------	----------------

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

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: Educating employees on their rights under the National Labor Relations Act.	
11.b. Period during which performed: 07/30/15 - 08/20/15	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name: Maureen Pollack Organization: Eagleville Hospital P.O. Box, Bldg., Room No., if any: Street: 100 Eagleville Rd City: Eagleville, PA State: ZIP Code + 4: 19403	Name: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:
12.a. Identify subject groups of employees: All employees voting in election	12.b. Identify subject labor organizations: DAS NAP