FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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

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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- 083

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title President	Title
Organization East Coast Labor Relations, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 151 Forge Rd	Street
City Delran	City
State New Jersey ZIP Code + 4 08075	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 3)	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):	7. Date entered into: 9 / 27 / 2012
Name	
Organization Mission Healthcare, LLC	8. Name of person(s) through whom made:
Trade Name, if any	Name Angela Fink
P.O. Box, Bldg., Room No., if any	Name
Street 4420 Valley View Rd, suite 201	Name
City Edna	Name
State Minnesota ZIP Code + 4 55424	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	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title President		Title d	
On 1/12/2013 215-840-2088		On	
Date Telephone Number		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.):

187.50 plus expenses *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 give speeches to employees regarding their rights to organize and collectively bargain.

11.b. Period during which performed: various days beginning 11/27/12	11.c. Extent performed: fully performed
11.d. Name and address through whom performed: Name Organization Labor Relations Institute, LLC P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ▾ ZIP Code + 4 74013	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: PCA'a, cook/dietary aides, Housekeeping	12.b. Identify subject labor organizations: SEIU