

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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.

572509

1. File Number: c-166156

Person Filing

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

Name Rosari Mestre

Title Self

Organization

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

Street 2808 Regal Lane

City Oviedo

State Florida ZIP Code + 4 32765

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:

12/31 / 13

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

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

Name

Organization Gideon Group Consulting

Trade Name, if any The Labor Pros

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

Street 390 N. Orange Ave, Ste. 2300

City Orlando

State Florida ZIP Code + 4 32801

7. Date entered into:

10 / 14 / 2013

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

Name NeKeya C Dunn

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 Rosari Mestre

President
(If other title, see
instructions)

Title Self

14. Signed

Treasurer
(If other title, see
instructions)

Title d

On 9/9/2014 407-695-5359

Date

Telephone Number

On

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.):

Worked as a translator for all Spanish speaking employees; to educate them on their rights pertaining to the NLRA. I was pd. hly. @ \$35.⁰⁰

Specific Activities to be Performed

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

a. Nature of activity:

Held training classes to discuss pros and cons of unions to bring employees up to speed regarding current events.

11.b. Period during which performed:

Oct. 14, thru Nov. 2013

11.c. Extent performed:

Completed.

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State ZIP Code + 4

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:

Social work, unit clerks, CNA's, housekeeping, dietary, activities maintenance LPN's, RN's.

12.b. Identify subject labor organizations:

SEIU, NNU