

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

For Official Use Only

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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.

503132

1. File Number:

c-701

## Person Filing

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

Name David C Acosta

Title President/Treasurer

Organization Redstone Enterprises

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

Street 5415 E Willowick Circle

City Anaheim

State California ZIP Code + 4 92807

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:

Dec / 31

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 Confident Care

Trade Name, if any

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

Street 100 Hamilton Plaza, ste 415

City Paterson

State New Jersey ZIP Code + 4 07505

7. Date entered into:

6 / 11 / 2012

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

Name Elena Orlukova

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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 8/24/2012 714-306-2229

Date

Telephone Number

On 8/24/2012 714-306-2229

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 to give speeches to employees about exercising their right to organize and bargain collectively according to the Guide to the Labor Relations Act of 1935. Terms of billing are: \$1500/DAY.

#### 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 to give speeches based on the Guide to the National Labor Relations Act of 1935 to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

From 6/11/2012 to 6/29/2012

11.c. Extent performed:

Activity was completed

11.d. Name and address through whom performed:

Name

Organization LRI

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

Street 7850 South Elm Place, Suite E

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:

Certified Care Givers

12.b. Identify subject labor organizations:

RWDSU/UFCW Local 338