

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only  
RECEIVED

OCT - 3 2012

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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.

506053

U.S. DEPARTMENT OF LABOR  
OLMS

JUL 16 2012

1. File Number: C-778

ATLANTA DISTRICT OFFICE

### Person Filing

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

Name Natasha D Gordon

Title

Organization

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

Street 2247 Chestnut Place

City Lithia Springs

State Georgia

ZIP Code + 4 30122

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 United Cerebral Palsey/Greater Sacrament

Trade Name, if any

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

Street 191 Lathop Way, Suite N

City Sacramento

State California

ZIP Code + 4 95815

7. Date entered into:

8 / 27 / 2008

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

Name Christine Arasin

Name

Name

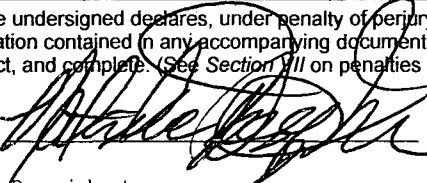
Name

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 III 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

7/10/12  
Date

404-781-6398  
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.):

I had a verbal agreement with Labor Resource Institute (LRI) to represent said client United Cerebral Palsy (UCP) by giving speeches to their employees about exercising their rights in regards to union organizing and collective bargaining. The terms agreed to were \$1500 per day plus expenses. Airfare to the assignment was paid by LRI. I have included as a part of and in relation to this report a copy of my invoice, emails from Debbie Barnett regarding payments wired to my bank account and copies of my bank statements. The actual amount paid to me in regards to this assignment was a total sum of \$7048.69, which included a \$2000 advance which was wired to my account on 8/08/28.

**Specific Activities to be Performed**

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

a. Nature of activity:

I gave multiple speeches to employees during multiple sessions regarding their right to organize and bargain collectively. This client had multiple sites, which required travel. I entertained and responded to questions from employees in group settings and on an individual basis.

11.b. Period during which performed:

Various days beginning 9/2/08

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 S. Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

Caregivers, CNA's and Bus Drivers

12.b. Identify subject labor organizations:

Service Employees International Union

**Subject:** LRICS

**From:** Debbie Barnett (dbarnett@lrionline.com)

**To:** natasha\_gordon2001@yahoo.com;

**Date:** Thursday, October 9, 2008 1:08 PM

Natasha,

I just authorized a wire to your account for \$1682.53 for the balance of UCP 9/5 \$2250 for consulting \$78.69 for expenses less \$15

**Debbie Barnett**  
Labor Relations Institute, Inc.  
918-455-9995  
dbarnett@lrionline.com

**Subject:** LRI Consulting

**From:** Debbie Barnett (dbarnett@lrionline.com)

**To:** natasha\_gordon2001@yahoo.com;

**Date:** Thursday, September 11, 2008 2:26 PM

Natasha,

I authorized a wire to your account for \$\$3750 less \$15 for UC Palsy. This goes toward your invoice dated 9/5.

**Debbie Barnett**  
Labor Relations Institute, Inc.  
918-455-9995  
dbarnett@lrionline.com