

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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MAY 11 2020

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.

728687

1. File Number: c-66020

Person Filing

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

Name Evelyn Fragozo
Title president
Organization Quality Labor Solutions
P.O. Box, Bldg., Room No., if any
Street 4959 West Slauson Ave #191
City Los Angeles
State CA ZIP Code + 4 90056

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:

OEC / 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 Kristena Lukish
Organization Johns Hopkins Hospital
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 600 North Wolfe Street / Oster
City Baltimore 760
State MD ZIP Code + 4 21287

7. Date entered into:

5 / 14 / 2018

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

Name
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 6/14/2018 307296773
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.):

Verbal

Specific Activities to be Performed

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

a. Nature of activity:

Inform employees about their Rights to organize and bargain collectively under the NLRA

11.b. Period during which performed:

5/14/2018

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Evelyn Frayro
 Organization Quality Labor Solutions
 P.O. Box, Bldg., Room No., if any
 Street 4859 West Slauson Ave #19
 City Los Angeles
 State CA ZIP Code + 4 90056

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:

Nurses

12.b. Identify subject labor organizations:

NNU