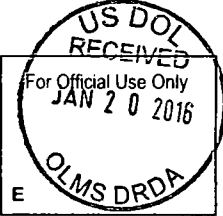


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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.

1. File Number:

c. 602964  
606659

### Person Filing

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

Name Keith Peraïno

Title CEO

Organization Creative Solutions & Visions, LLC

P.O. Box, Bldg., Room No., if any PO Box 422812

Street

City Kissimmee

State FL ZIP Code + 4 34742

3. Any other address where records necessary to verify this report are kept:

Name Abe Gutnicki

Title Attorney

Organization James Square

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

Street 918 James Street

City Syracuse

State NY ZIP Code + 4 13203

4. Date fiscal year ends:

12 / 2015

5. Type of person:

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):

Name Abe Gutnicki, Attorney

Organization James Square

Trade Name, if any

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

Street 918 James Street

City Syracuse

State NY ZIP Code + 4 13203

7. Date entered into:

11 / 25 / 2015

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

Name Abe Gutnicki, Attorney

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

12/30/15 732-589-1439

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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 with Abe Gutnicki, Attorney

**Specific Activities to be Performed**

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

a. Nature of activity:

Education employees on their rights under the National Labor Relations Act

11.b. Period during which performed:

11-25-15 thru 12-23-15

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Abe Gutnicki, Attorney  
Organization James Square  
P.O. Box, Bldg., Room No., if any  
Street 918 James Street  
City Syracuse  
State NY ZIP Code + 4 13203

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:

ALL employees voting in election.

12.b. Identify subject labor organizations:

SEIU 1199