

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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.

453223

1. File Number: c-729

Person Filing

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

Name Jacquelyn OBrien

Title Consultant

Organization

P.O. Box, Bldg., Room No., if any po Box 306

Street 32 Water St

City Stonington

State Connecticut ZIP Code + 4 06378

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 Josephine Zamora

Organization for Redding Care Center

Trade Name, if any Employee Solutions Inc, (ESI)

P.O. Box, Bldg., Room No., if any po Box 67166

Street 5108 Cumberland Pl NW

City Albuquerque

State New Mexico ZIP Code + 4 87120

7. Date entered into:

10 / 01 / 2007

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

Name Josephine Zamora, ESI

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 Jacquelyn OBrien President
(If other title, see instructions)

Title Sole Proprietor

14. Signed _____ Treasurer
(If other title, see instructions)

Title _____

On 3/19/2010 860 961 0550

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.):

The consultant was employed on a per hour basis pursuant to an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct training for employees on their rights under the National Labor Relations Act. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.

11.b. Period during which performed:

October 2007 May and June 2008

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name self

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:

All employees eligible to be in a bargaining unit.

12.b. Identify subject labor organizations:

SEIU