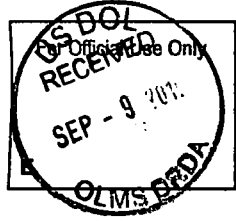


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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.

709132

1. File Number: C- 68122

### Person Filing

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

Name  Alarcon  
Title  Operating Manager  
Organization  Stay Union Free Corp  
P.O. Box, Bldg., Room No., if any  614  
Street  Springdale Circle  
City  Palm Springs  
State  Florida ☒ ZIP Code + 4  33461

#### 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 ☒ / 19

#### 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  Charles  Bloomfield  
Organization  Edison Home Health Care  
Trade Name, if any  CEO  
P.O. Box, Bldg., Room No., if any  946  
Street  McDonald Avenue  
City  Brooklyn  
State  New York ☒ ZIP Code + 4  11218

#### 7. Date entered into:

6 / 20 / 2019

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

Name  Charles  Bloomfield  
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   
Title  Executive Director ☒

President  
(If other title, see  
instructions)

14. Signed \_\_\_\_\_  
Title  Treasurer

Treasurer  
(If other title, see  
instructions)

On  08/26/2019  347-370-6489  
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.):

To provide professional consulting services as described in section 11

#### Specific Activities to be Performed

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

a. Nature of activity:

Educate employees on their rights to vote under the NLRA

11.b. Period during which performed:

June & July 2019

11.c. Extent performed:

Terminated on July 30th, 2019

11.d. Name and address through whom performed:

Name C Alarcon

Organization Stay Union Free Corp

P.O. Box, Bldg., Room No., if any 614

Street Springdale Circle

City Palm Springs

State Florida ☒ ZIP Code + 4 33461

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 full time and regular part time employees  
Home Health Aides.

12.b. Identify subject labor organizations:

SEIU Local 1199