

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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-772

Person Filing

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

Name JOSE SALGADO

Title PRESIDENT

Organization JOSE SALGADO JR INC

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

Street 2232 EAST LINSEY STREET

City TAMPA

State FL

ZIP Code + 4 33605

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 EMPLOYEE SOLUTIONS, INC. (FOR REDDING CARE)

Trade Name, if any

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

Street P.O. BOX 67166

City ALBUQUERQUE

State New Mexico

ZIP Code + 4 87193

7. Date entered into:

10 / 1 / 2007

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)

14. Signed

Treasurer
(If other title, see
instructions)

Title President

Title Treasurer

On 06/07/2012 239 - 823 - 5107

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.):

Specific Activities to be Performed

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

a. Nature of activity:

TO EDUCATE EMPLOYEES ABOUT THEIR RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT TO FORM, JOIN OR ASSIST LABOR ORGANIZATIONS, TO BARGAIN COLLECTIVELY OR ENGAGE IN OTHER ACTIVITY FOR THEIR MUTUAL AID AND PROTECTION, AND THE RIGHT TO REFRAIN FROM DOING SO. TO ENHANCE THE BUSINESS LITERACY OF THE WORKFORCE AND ENCOURAGE EMPLOYEE TO BE INFORMED AND VOTE.

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 JOSE SALGADOOrganization JOSE SALGADO JR INC.

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

Street 2232 EAST LINSEY STREETCity TAMPAState FL ZIP Code + 4 33605

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 TO BE IN A BARGAINING UNIT~~
ALL EMPLOYEES ELIGIBLE TO BE IN A BARGAINING UNIT

12.b. Identify subject labor organizations:

SEIU