

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 88-257, 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-685 538070

Person Filing

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

Name Michael L Rosado
Title President
Organization MROSADO CONSULTANTS LLC
P.O. Box, Bldg., Room No., if any
Street 96 LINWOOD PLAZA, Suite 103
City FORT LEE
State NJ ZIP Code + 4 07024

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:

8 / 2013

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 DAVID COLUZZI
Organization SPRING OAKS
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2095 W. COVENTRY LINE Rd
City Suite # 3
State JACKSON, NJ ZIP Code + 4 08527

7. Date entered into:

5 / 15 / 2013

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

12/6/2013
Date

201-655-9725
Telephone Number

On

Date

Telephone Number

Filer:

M Rosado Consultancy

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 to provide consultation and speeches to employees about exercising their rights to organize + bargain collectively

Term \$ 187.50

Specific Activities to be Performed

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

a. Nature of activity: To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

5/15/2013 - 5/30/2013

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

LRI

Organization

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

Street

7850 South Elm PL

City

Broken Arrow

State

OK

ZIP Code + 4

74011

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:

ASST NURSES
+ NURSES

12.b. Identify subject labor organizations:

UFCW Local 152