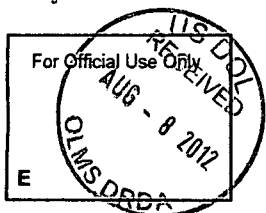


# FORM LM-20

## 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.

502098

1. File Number: C-775

### Person Filing

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

Name Nekeya Nunn

Title President

Organization The Labor Pros

P.O. Box, Bldg., Room No., if any Ste 313-346

Street 501 N. Orlando Ave

City Winter Park

State Florida ZIP Code + 4 32789

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 / 10

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 William Shields Jr.

Organization Shields Nursing Centers

Trade Name, if any

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

Street 606 Alfred Nobel Drive

City Hercules

State California ZIP Code + 4 94547

7. Date entered into:

2 / 11 / 10

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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On 7/20/2012

Date

(407) 460-6316

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.):

Hold employee meetings, ACT training, to inform employees of their section (7) rights. To answer questions pertaining to the union using NLRB documents for question and answer.

*Paid hourly, expenses reimbursed.*

#### Specific Activities to be Performed

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

a. Nature of activity:

In small groups, answer any questions pertaining to employee rights thru NLRB, unions and Collective Bargaining.

11.b. Period during which performed:

2/11 -3/10 2010

11.c. Extent performed:

Held Meetings with employees

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates

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

Street 10201 Trademark St #C

City Rancho Cucamonga

State California ☒ ZIP Code + 4 91730

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:

Employees in Potential Bargaining Unit

12.b. Identify subject labor organizations:

*SEIU / NUHW*