

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021



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.

7/1/204

1. File Number: C-686286

Person Filing

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

Name

Title

Organization LABOR DIVERSE

P.O. Box, Bldg., Room No., if any PO Box 223516

Street

City HOLLYWOOD

State FL

ZIP Code + 4 33022

3. Any other address where records necessary to verify this report are kept:

Name N/A

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 BARRY SONDEM

Organization OMNI CHICAGO

Trade Name, if any

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

Street 676 N. MICHIGAN AVE

City CHICAGO

State IL

ZIP Code + 4 60611

7. Date entered into:

JUNE / 17 / 2019

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

Name

Name

Name

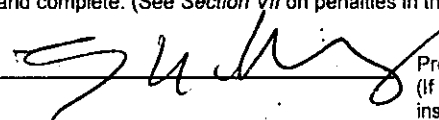
Name

Name

Signatures

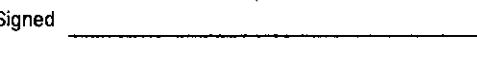
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge 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

8/1/19 786-908-3433
Date Telephone Number

On

Date

Telephone Number

Filer:

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 BE PAID FOR CONSULTING SERVICES PLUS EXPENSES

Specific Activities to be Performed

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

- a. Nature of activity: CONDUCT EMPLOYEE MEETINGS
TEACH EMPLOYEES THEIR RIGHTS UNDER THE NLRA

11.b. Period during which performed:

11.c. Extent performed:

JUNE 17, 2019

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name ALAI OLIVARRIA

Name Luis CAMARONA

Organization EPC CONSULTING

Organization LKLS CONSULTING.

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

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

Street 2062 DRACENA DR

Street 2220 OTAY LAKES RD

City LOS ANGELES

City CHULA VISTA CA

State CA ZIP Code + 4 90027

State CA ZIP Code + 4 91915

12.a. Identify subject groups of employees:

FBI EMPLOYEES.

12.b. Identify subject labor organizations:

UNITE HERE LOCAL 1