

# 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)

498150  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 711

### Person Filing

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

Name Nancy E Jowske

Title sole proprietor

Organization Jowske Consulting Services

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

Street 4435 Cornwell

City Whitmore Lake

State Michigan ZIP Code + 4 48189

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 / 12

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 Jurgen Arndt

Organization Niagara Lutheran Health & Rehab

Trade Name, if any

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

Street 64 Hager St

City Buffalo

State New York ZIP Code + 4 14208

7. Date entered into:

08 / 04 / 2011

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

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On May 20, 2012

Date

734-478-5155

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.):

Verbal agreement to provide consultation and educational meetings with employees about exercising their right to bargain collectively. Terms are \$1500. per day plus expenses

### Specific Activities to be Performed

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

a. Nature of activity:

Consultation and educational meetings with employees about exercising their right to bargain collectively.

11.b. Period during which performed:

4/30 - 5/18/12

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services Inc

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

Street 7850 South Elm Place, Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4

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:

Nursing home employees including CNAs, LPNs, dietary workers and housekeepers

12.b. Identify subject labor organizations:

~~American Federation of State County and Municipal Employees~~

SEIU 1199 NY