

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.

1. File Number:

C-

525

500587

Person Filing

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

Name

Title

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 74011

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

Organization United Cerebral Palsy of Greater Sacreme

Trade Name, if any

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

Street 4350 Auburn Boulevard

City Sacramento

State California

ZIP Code + 4 95815

7. Date entered into:

5 / 4 / 2012

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

Name Laurie

Gwinn

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

Treasurer
(If other title, see
instructions)

On 06/26/2012

Date

918-455-9995

Telephone Number

On 06/26/2012

Date

918-455-9995

Telephone Number

Filer: LRI Consulting Services Inc

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.):

\$3000 per day per consultant plus reasonable travel expenses, due upon delivery of consulting services and are non-refundable.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

05*16-2012

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Denise Malwitz

Organization

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

Street 3530 Milford Haven

City Las Vegas

State Nevada

ZIP Code + 4 89122

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:

Drivers, Vehicle Operators, Bus Aides,
Transportation Assistants, Service Attendants,
and Dispatchers

12.b. Identify subject labor organizations:

Service Employees