

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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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.

560580

1. File Number: C- ~~000000~~ 770

Person Filing

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

Name Keith Perrino
Title President
Organization Perrino & Associates LLC
P.O. Box, Bldg., Room No., if any 422812
Street
City Kissimmee
State FL ZIP Code + 4 34742

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:

12 / 2007

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name
Organization Labor Relations Institute
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place - Suite E
City Broken Arrow
State OK ZIP Code + 4 74011

7. Date entered into:

~ 4 / 20 / 2007

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

Name Phil Wilson
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

4/29/12
Date

718 309 8149
Telephone Number

On

Date

Telephone Number

Filer:

Pervano & Associates LLC

File Number C-

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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.):

- Talk to employees about National Labor Relations Act

Specific Activities to be Performed

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

a. Nature of activity:

- Education of management and employees about their rights

11.b. Period during which performed:

4/28 - 5/23

11.c. Extent performed:

65 hours

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

Altoona Regional Health System

501 Howard Ave #B203

Altoona

PA

ZIP Code + 4

16601

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:

RN's

12.b. Identify subject labor organizations:

SEIU