

# 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.

543767

1. File Number: C- 713

### Person Filing

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

Name Laura Garcia

Title

Organization Clearmind Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 542678

Street

City Grand Prairie

State Texas

☒ ZIP Code + 4 75054-2678

#### 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 2805 Meade Drive

City Grand Prairie

State Texas

☒ ZIP Code + 4 75052

#### 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 Erin Martino

Organization TruBlue

Trade Name, if any Fresenius Medical Care North America

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

Street 920 Winter Street

City Waltham

State Massachusetts

☒ ZIP Code + 4 02451-1547

#### 7. Date entered into:

3 / 20 / 2013

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

Name Julio Pablos

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  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On 2/25/2014

Date

469-226-7350

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.):

Provide professional consulting services. Per verbal agreement, paid at a flat daily rate, in addition expenses reimbursed while at client's facility.

#### Specific Activities to be Performed

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

a. Nature of activity:

Communicate with employees their right to support or not to support a labor organization.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Juan Pablo

Organization Arena Communications

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

Street 279 Shadow Mountain

City El Paso

State Texas ZIP Code + 4 79912

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:

Worker's Unite