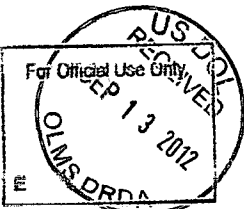


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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. 438 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-777 503719

Person Filing	
2. Name and mailing address (include ZIP Code): <u>Denise Malwitz</u> <u>D.M. Consulting</u> <u>3530 Milford Haven #</u> <u>Las Vegas</u> <u>NV</u> ZIP Code + 4 <u>89122</u>	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: <u>/</u>	5. Type of person: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>United Cerebral Palsy / Greater</u> <u>Sacramento</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>191 Lathrop Way, Suite</u> <u>"N"</u> City <u>Sacramento</u> State <u>CA</u> ZIP Code <u>95815</u>	7. Date entered into: <u>8 / 27 / 2008</u> 8. Name of person(s) through whom made: Name <u>Christine Arasin</u> 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.)

Signature Denise
Title President
(If other title, see instructions)

Signature
Title Treasurer

On 9-1-2012
Telephone Number

On
Telephone Number

Filer:

D M Consulting

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 provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hours plus expenses

Specific Activities to be Performed

11. a. Nature of activity: (See instructions):

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:

12/16 thru 12/17/08

11.d. Name and address through whom performed:

Name LRI Consulting Services
 Organization
 P.O. Box, Bldg., Room No., if any
 Street 7850 S. Elm Place # E
 City Broken Arrow
 State OK ZIP Code + 4 74011

11.c. Extent performed:

Fully Performed

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP CODE

12.a. Identify subject groups of employees:

NA'S, CNA'S, RNA'S,
 Resident Aides, Activities
 Assistants, social service
 Assistants, Receptionists,
 maintenance, Transport Drivers

12.b. Identify subject labor organizations:

machinists &
 Aerospace workers