

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

629318

1. File Number: C- 767

Person Filing

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

Name Nina Vos
Title Independent Consultant
Organization Labor Relations Specialist, LLC
P.O. Box, Bldg., Room No., if any
Street 1300 Adams Ave 10R
City Costa Mesa
State California ☒ ZIP Code + 4 92626

3. Any other address where records necessary to verify this report are kept:

Name Colleen J Williams
Title Owner
Organization Labor Relations Specialist, LLC
P.O. Box, Bldg., Room No., if any
Street 3941 E 63rd St South
City Derby
State Kansas ☒ ZIP Code + 4 67037-9166

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 Colleen J Williams
Organization Labor Relations Specialist, LLC
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3941 E 63rd St South
City Derby
State Kansas ☒ ZIP Code + 4 67037-9166

7. Date entered into:

8 / 1 / 2013

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

Name Colleen J Williams
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 Sole Proprietor ☒

President
(If other title, see
instructions)

14. Signed

Title ☒

Treasurer
(If other title, see
instructions)

On

10/12/16
Date

949-54-0177
Telephone Number

On

Date

Telephone Number

45

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.):

All services described in Section 11a., below shall be performed at a fee of \$30.00 per hour. Expenses incurred in connection with the performance of such services as travel, accommodations, copies, telephone long distance, etc., are inclusive in this fee.

Specific Activities to be Performed

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

a. Nature of activity:

Labor Relations Specialist, LLC has been retained to assist the employer named above in communication with H Granados Communications and its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during the period immediately prior to the conduct of representation election

11.b. Period during which performed:

Pendency of N.L.R.B.

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State



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:

All part-time and full-time employees as agreed to between the parties

12.b. Identify subject labor organizations:

National Association of Broadcast Employees and Technicians, The Broadcasting and Cable Television Workers Sector of the Communications Workers of America, Local 53, AFL-CIO