U.S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 09-30-2021



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.

Fish Number: C/98686  Person Filling 2. Name and mailing address (include ZiP Code):  Name  Name NA  Title  Organization LABOR DWERSE P.O. Box, Bidg., Room No., if any POBOX 223516 P.O. Box, Bidg., Room No., if any POBOX 223516 Street City Hollywrooo  State = ZIP Code +4 33022 State ZIP Code +4  City Hollywrooo  State = ZIP Code +4  City Hollywrooo  State = ZIP Code +4  City State = ZIP Code +4  City Corporation d Other (Specify):  Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name ALCIA LAKE Organization P.O. Box, Bidg., Room No., if any I2  Street   ZS NE   OZNO ANE City PORTLAND State OR ZIP Code +4  P.O. Box, Bidg., Room No., if any I2  Street   ZS NE   OZNO ANE City PORTLAND State OR ZIP Code +4  P.O. Box, Bidg., Room No., if any I2  Name Name Name Name Name Name Name Nam	QLMS OR	AREFULLY BEFORE PREPARING THIS REPORT. 10 638	
Person Filing  2. Name and mailing address (include ZIP Code):  Name  Title  Organization  LABOR DIVERSE  P.O. Box, Bldg., Room No., if any  PCBOX 223516  Street  City  Street  City  State  ZIP Code + 4  33022  State  ZIP Code + 4  Date fiscal year ends:  DEC / 3   a   Individual b   Partnership  City Individual b   Partnership  City Individual b   Partnership  S. Name of person(s) through whom made:  Name  Street  City  State  ZIP Code + 4  DEC / 3   Other (Specify):  Name	File Number: C-/08/68/6		
2. Name and mailing address (include ZIP Code):  Name  Name	•		
Name  Name NA  Title  Organization  LABOR DVERSE  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Box, Bldg., Room No., if any POBOX 22351 (  P.O. Butte TL  ZIP Code + 4 3302 2  State  ZIP Code + 4  4. Date fiscal year ends:  DEC / 3   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 ALICIA LAKE  Organization  7. Date entered into:  4 / 29 / 19  8. Name of person(s) through whom made:  Name  Name	Person Filing		
Title Organization  LABOR DIVERSE P.O. Box, Bldg., Room No., if any PCBOX 22351 6 P.O. Box, Bldg., Room No., if any Street City Hollywooo  State #L ZIP Code +4 33.02.2 State ZIP Code +4  4. Data fiscal year ends: DEC / 31 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 A L C A A KE Organization  P.O. Box, Bldg., Room No., if any  7. Date entered into:  8. Name of person(s) through whom made: Name Name Name Name Street 125 NE 102ND AVE City PORTLAND State OR ZIP Code +4 97220 Name  Stignatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of few, 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  Title President  On GITTER TREASTRE	2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Organization LABOR DIVERSE P.O. Box, Bidg., Room No., if any POBOX 22351 6 P.O. Box, Bidg., Room No., if any Street City Hollywood State #L ZIP Code +4 3302 2 State ZIP Code +4  4. Date fiscal year ends: DEC / 31 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 A C C A LAKE Organization P.O. Box, Bidg., Room No., if any 8. Name of person(s) through whom made: Name Name Name Name Name Name Name Street 125 NE 102ND AVE City PORTLAND State OR ZIP Code +4 97220 Name  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 documental) 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 It assure If other title, see instructions	Name	Name NA	
P.O. Box, Bldg., Room No., if any POBOX 223516  P.O. Box, Bldg., Room No., if any POBOX 223516  Street  City Hollywooo  State # ZIP Code + 4 3302 2 State ZIP Code + 4  4. Date fiscal year ends:  DEC / 3   Individual b Partnership Composition d Other (Specify):  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Aucia Awe  Organization (ENTER FOR AUTISMAD  Trade Name, if any  P.O. Box, Bldg., Room No., if any 12  Street 125 NE 102ND AVE  Name  Name  Name  Name  Name  State  Street 125 NE 102ND AVE  City PORTLAND  State  City PORTLAND  State  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 V/I on penalties in the instructions.)  13. Signed  President  Treasurer  (If other title, see instructions)  Title President  Treasurer  Title Treasurer  Title Treasurer  Title Treasurer  Title Treasurer	Title	Title	
Street  City Hollywood  State #L ZIP Code + 4 33 02 2 State ZIP Code + 4  4. Date fiscal year ends: 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 A - C - A - A - K = Organization (ENTER FOR AUTISMAD)  Trade Name, if any  P.O. Box, Bidg., Room No., if any 12  Street 125 N = 102ND AVE  City PORTLAND  State	Organization LABOR DIVERSE	Organization	
City State #L ZIP Code +4 33 02 2 State ZIP Code +4  4. Date fiscal year ends: 5. Type of person: a Individual b Partnership CCorporation d Other (Specify):  Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name A C C A A K COrganization CENTER FOR AUTISMAND Trade Name, if any  P.O. Box, Bidg., Room No., if any 12  Street 125 N E 102ND AUE  Name  Name  Name  Name  Name  Name  Name  Name  State OR ZIP Code +4 97220  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.)  Title President  On  On  On  City Poetrand  On  On  On  On  On  On  Treasurer  Title Treasurer  Title Treasurer  Title Treasurer  On	P.O. Box, Bldg., Room No., if any POBOX 223516	P.O. Box, Bldg., Room No., if any	
State	Street	Street	
4. Date fiscal year ends:  DEC / 3   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 A	city Hollywood	City	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name ALCIA LAKE Organization CENTER FOR AUTISMAN Trade Name, if any P.O. Box, Bldg., Room No., if any 12  Street 125 NE 10ZND ANE City PORTLAND State OR ZIP Code + 4 97 220  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.)  Title President  On  On  On  On  On  Treasurer  Title Treasurer  On  On  On  On  On  On  On  On  On  O	State +L ZIP Code +4 3302	2 State ZIP Code + 4	
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name ALCIA LAWE  Organization (ENTER FOR AUTISMAD)  Trade Name, if any  P.O.Box, Bldg., Room No., if any I2  Street I25 NE IOZND AVE  City PORTLAND  State OR ZIP Code + 4 97 220  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  On  On  On  On  On  On  On  On  On	4. Date fiscal year ends: 5. Type of person:		
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8. Name ALICIA LAKE Organization (ENTER FOR AUTISMAN) Trade Name, if any P.O. Box, Bldg., Room No., if any 12 Street 125 NE 102ND AVE City PORTLAND State OR ZIP Code + 4  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 unce, correct, and complete. (See Section VII on penalties in the instructions.)  Title President  On  On  On  Trade Name  14. Signed  Treasurer  (If other title, see instructions)  Title Treasurer  On  On  The Street 125 NE 102ND AVE  Name  Title Treasurer  (If other title, see instructions)  Treasurer  Title Treasurer  Title Treasurer			
Name Aution And Aution And Signalization (Enter for Aution And Related Disorders)  Trade Name, if any Related Disorders  Name  Name  Name  Name  Name  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 rue, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President  (If other title, see instructions)  Treasurer  Title President  On  On  On  On  On  On  On  On  On	Nature of Agreement or Arrangement		
Organization CENTER FOR AUTISMAN Trade Name, if any P.O. Box, Bldg., Room No., if any I2  Street 125 NE 102ND AVE Name Name Name  State OR ZIP Code +4 97 220 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)  Treasurer  Treasurer  On  On  On  On  On  Treasurer	•	7. Date entered into: 4 / 29 / 19	
Trade Name, if any  P.O. Box, Bldg., Room No., if any     2   Name  Name  Name  Name  Name  Name  Name  Name  Name  State OR ZIP Code + 4 97 22 O 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 President  On On QIII 9 786 908 3433	Omenication Colores Table A Treas And	8. Name of person(s) through whom made:	
P.O. Box, Bldg., Room No., if any 12  Street 125 NE 102ND AVE  Name  Name  Name  Name  State OR ZIP Code + 4 97 22 O 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 rue, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed President (If other title, see instructions)  Title President  On On The Treasurer (If other title, see instructions)	Trade Name, if any	Name	
State OR ZIP Code + 4 97 220 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  President  President  It Signed  Treasurer  (If other title, see instructions)  Title Treasurer  On  On  On  On  The State OR  Treasurer  (If other title, see instructions)		Name	
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(If other title, see instructions)  Title President  OnOnOnOnOnOnOnOnOnOnOnOn	the information contained in any accompanying documents) has been e	oplicable penalties of law, that all of the information submitted in this report (including examined by the signatory and is, to the best of the undersigned's knowledge and belief	
Title President Title Treasurer  On	(If other title,	see (If other title, se	
	Title President	· · · · · · · · · · · · · · · · · · ·	
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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.):

Yerbal AGGREENENT TO BE PAID FOR CONSULTING SERVICES PLUS EXPENSES.

## Specific Activities to be Performed

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

CONDUCT EMPLOYEE MEETINGS, TEACHING THEM, THEIR RIGHTS UNDER NLRA.

11.b. Period during which performed:	11.c. Extent performed:
CONTINIOUS	NA
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name EDVARDO PAOILLA	Name ARCENE BURGUENO
Organization. EPC	Organization RIA LABOR RELATIONS
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7.0 Box 280	Street 644 SANDYHOOK AVE
City BONHA CI	City LA PUENTE
State CA ZIP Code + 4 9 1 9 0 8	State CA ZIP Code +4 91741
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Behavioral Therapist	OFNHP ATT LOCAL STOIT.
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Filer:	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
9. Check the appropriate box to indicate whether an object of the activities trider	taken, is directly of indirectly.	
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	oployees as to the manner of exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving nadministrative or arbitral proceeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity:		
11.b. Period during which performed:	11.c. Extent performed:	
11.d. Name and address through whom performed:  Name \( \cdot \cdo	Additional Name and address through whom performed, if any:	
Juline 5	Name ALAI OLIVARRIA	
Organization EPC CONSULTING	Organization EPC CONSULTING	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street P.O BOX 780	Street P.O. BOX 280	
City BONITA	City BONITA	
State CA ZIP Code + 4 91 908	State CA ZIP Code +4 91908	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
•		

Filer:	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  ,		
Sheck the appropriate box to indicate whether an object of the activities under	taken, is directly of maneculy.	
a. To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization in connection with a labor dispute involving n 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.):	
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions):	
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•		
11.b. Period during which performed:	11.c. Extent performed:	
	·	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name DANIEL BLOCK	Name	
Organization LABOR MANAGENENT	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 6505 HOWNT BATTEN CT	Street	
City PROSPECT	City	
State	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
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