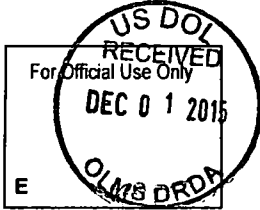


FORM LM-20

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)

601381

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00767

Person Filing

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

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

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:

Dec / 31

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 Peggy Grzywacz

Organization Covenant Care Resource Center

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 100

Street 27071 Aliso Creek Road

City Aliso Viejo

State California

ZIP Code + 4 92656

7. Date entered into:

10 / 27 / 2015

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

Name Peggy Grzywacz

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 Colleen J Williams

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed _____

Treasurer
(If other title, see
instructions)

Title _____

On 11/23/2015 316-393-9055

Date

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.):

All services described in Section 11a. below shall be performed on a flat rate fee. Expenses in connection with the performance of such services as travel, accommodations, copies, etc will be included in this flat rate 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 is to assist the Employer's communication efforts to advise employees with regard to the manner in which they exercise their rights to organize and bargain collectively.

11.b. Period during which performed:

10/27/15 to present

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Ricardo Pasalagua

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

Additional Name and address through whom performed, if any:

Name Jorge Scandoval

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

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:

SEIU Local 2015

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.

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a. Nature of activity:

Labor Relations Specialist, LLC is to assist the Employer's communication efforts to advise employees with regard to the manner in which they exercise their rights to organize and bargain collectively.

11.b. Period during which performed:

10/27/15 to present

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Nicole Luu
 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

Additional Name and address through whom performed, if any:

Name
 Organization
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State Kansas 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:

SEIU Local 2015