

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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.

507022

1. File Number. C- 00556

Person Filing

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

Name Robert Carroll

Title Treasurer

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West RD

City Riverview

State Michigan

ZIP Code + 4 48183

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):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name leslie Berkowitz

Organization Jewish Community Center

Trade Name, if any

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

Street 1200 Edgewood Avenue

City Rochester

State New York

ZIP Code + 4 14618

7. Date entered into:

9 / 7 / 2012

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

Name leslie Berkowitz

Name

Name

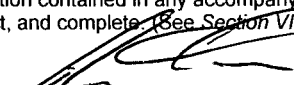
Name

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.)

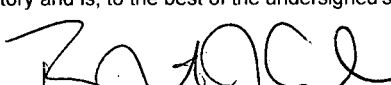
13. Signed



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On 10/8/2012

Date

313-218-0371

Telephone Number

On 10/8/2012

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.):

1. Consult and advise management of Jewish Community Center regarding strategy for conducting a certified election.
2. Conduct regular informational meetings with employees.
3. Prepare appropriate informational material and responses to employee questions.

Specific Activities to be Performed

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

a. Nature of activity:

1. Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees.
2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A.
3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.

11.b. Period during which performed:

9/10/12 to 9/26/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Richard L Torres

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any #374

Street 23772 West RD

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Dan Block

Organization Permanent Solutions

P.O. Box, Bldg., Room No., if any 374

Street 23772 West RD

City Little Rock

State Arkansas ZIP Code + 4 72204

12.a. Identify subject groups of employees:

All full time and part time teachers and teacher aids

12.b. Identify subject labor organizations:

N/A

Specific Activities to be Performed (Continuation Page)	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: 1. Teach management ACT (NLRB) how to conduct themselves on what they can and cannot say to employees. 2. Meeting times and locations were posted, met in groups of 10 to 15. ACT training, Union facts and Q & A. 3. Worked with management on informational handouts to be given to employees about union Bi-laws and Constitution.	
11.b. Period during which performed: 9/10/12 to 9/26/12	11.c. Extent performed: Completed
11.d. Name and address through whom performed: Name Amed Santana Organization Permanent Solutions P.O. Box, Bldg., Room No., if any #374 Street 23772 Wrst RD City Brownstown State Michigan ZIP Code + 4 48183	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
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	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:	12.b. Identify subject labor organizations: