

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.

555950

1. File Number: c-759.

Person Filing

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

Name Penelope Familusi-Jackson
Title President
Organization PJF Consulting Services
P.O. Box, Bldg., Room No., if any
Street 300 Riverfront Dr. #21A
City DETROIT
State MI ZIP Code + 4 48226

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 Anne Gaeta
Organization Freshius Medical Services
Trade Name, if any National Medical Care Inc.
P.O. Box, Bldg., Room No., if any
Street 920 Winter Street
City Waltham
State Massachusetts ZIP Code + 4 02451

7. Date entered into:

5 / 4 / 2011

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

Name ANNE GAETA
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

Title

President
(If other title, see instructions)

14. Signed

Title

Treasurer
(If other title, see instructions)

On

4/23/14

Date

602-820-2611

Telephone Number

On

Date

Telephone Number

(re-file)

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 on exercising their rights to organize and bargain collectively. Terms are \$125/hr.

Specific Activities to be Performed

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

a. Nature of activity:

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

11.b. Period during which performed:

May 2011 - June 2011

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Penelope Familiosi-Jackson.
 Organization PJF Consulting Services
 P.O. Box, Bldg., Room No., if any
 Street 300 Riverfront Dr. 21A
 City DETROIT
 State MI ZIP Code + 4 48226

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:

RN & Technicians

12.b. Identify subject labor organizations:

International Brotherhood of
 Teamsters Local 364
 Case# 25-RC-10519