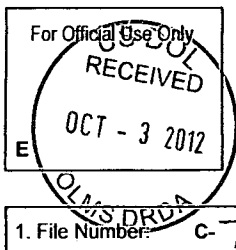


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

506056

U.S. DEPARTMENT OF LABOR
OLMS

JUL 16 2012

1. File Number:

C-778

ATLANTA DISTRICT OFFICE

Person Filing

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

Name Natasha D Gordon

Title

Organization

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

Street 2247 Chestnut Place

City Lithia Springs

State Georgia

ZIP Code + 4 30122

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

Organization North Shore Community Health

Trade Name, if any

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

Street 27 Congress Street, Suite 103

City Salem

State Massachusetts

ZIP Code + 4 01970

7. Date entered into:

5 / 19 / 2010

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

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, 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 7/10/2012

Date

404-781-6398

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.):

I had a verbal agreement with Labor Resource Institute, (LRI) to represent said client Brandywine Senior Living by giving speeches to their employees about exercising their rights in regards to union organizing and collective bargaining. The terms verbally agreed to were \$750 per day plus expenses. As per my bank statements, I was paid the actual amount of \$13,524.21. LRI still owes me for invoices totaling \$12,552.32 and an additional \$18,281.25 for additional expenses and hours worked. I have attempted to claim what I am owed with no success since November of 2010. I have included as a part of and in relation to this report Attorney Shannon Mandel's letter to LRI, a copy of the agreement between LRI and North Shore Community Health forwarded to me by Lisa Erwin, Copies of my bank statements, and emails notifying me of deposits to my account.

Specific Activities to be Performed

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

a. Nature of activity:

I engaged in Direct Persuasion activities which included power point presentations to employees at multiple sights and at multiple time periods. I also engaged in the sharing of personal experiences and entertaining and responding to questions from employees in group settings and on an individual basis.

11.b. Period during which performed:

Various days beginning 6/13/09

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 S. Elm Place, Suite

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Medical Assistants, Nurses, Clerical and Support Staff.

12.b. Identify subject labor organizations:

Service Employees International Union

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: ThyssenKrupp Stainless USA, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 15,363 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: North Shore Community Health	15.b. Trade Name, if any:
15.c. To Whom Paid Name Natasha Gordon Title Organization P.O. Box, Building and Room Number, if any PO Box 464035 Street City Lawrenceville State GA ZIP Code + 4 30042	15.d. Amount 16,599 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: AWS - Advantage Wholesale Supply	15.b. Trade Name, if any:
15.c. To Whom Paid Name Michael Rosado Title Organization M Rosado Manaement Consultants LLC P.O. Box, Building and Room Number, if any Street 5 Quail Court City Englewood State NJ ZIP Code + 4 07024	15.d. Amount 775 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Hi, Natasha Sign Out Options Help

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shannon mandel

Search Mail

3 Bureau
CREDIT REPORT

Case No. 986675

1

Hide Details

FROM: Docs

Thursday, November 18, 2010 5:15 PM

TO: NATASHA_GORDON2001@YAHOO.COM

Here is a copy of the letter sent on your behalf.

Shannon N. Mandel
 Deming, Parker, Hoffman, Campbell & Daly
 4851 Jimmy Carter Boulevard
 Norcross, Georgia 30093
 770-806-1911

This message originates from the law firm of Deming, Parker, Hoffman, Campbell & Daly LLC. This e-mail message and all attachments may contain legally privileged and confidential information intended solely for the use of the addressee. If you are not the intended recipient, you should immediately stop reading this message and delete it from your system. Any unauthorized reading, distribution, copying, or other use of this message or its attachments is strictly prohibited. All personal messages express solely the sender's views and not those of Deming, Parker, Hoffman, Campbell & Daly LLC. This message may not be copied or distributed without this disclaimer. If you received this message in error, please notify us immediately at administrator@deminglaw.com.

IRS CIRCULAR 230 Disclosure: Under U.S. Treasury regulations, we are required to inform you that any tax advice contained in this e-mail or any attachment hereto is not intended to be used, and cannot be used, to avoid penalties imposed under the Internal Revenue Code.

1 Attached file | 632KB



Gordon Lette

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 Belief Net 177
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 CHristus Corpus Aug 24
 Ebay and Paypal 92
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 OIB Home 5133
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TELEPHONE Georgia (800) 537-7503
FACSIMILE (678) 924-4750
EMAIL: Docs@Deminglaw.com

November 8, 2010

JOON KANG
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ESTER PANITCH, P.C.
TIMOTHY KLOB
JANIE FAIRE
RICHARD S. LORD

One LRI Plaza
Attn: Don and Phil Wilson
7850 South Elm Place
P.O. Box 1529
Broken Arrow, OK 74013

RE: Natasha Gordon
Our File No.: 986675

Dear Misters Wilson:

Please be advised that I am writing on behalf of Ms. Natasha Gordon, to whom your business owes the sum of \$30,833.57 (less applicable withholding taxes, if any) for wages earned but not paid.

Ms. Gordon was contractor for Labor Resources Institute ("LRI") and was assigned to provide services to North Shore Community Health. Ms. Gordon has experienced difficulty receiving pay for her expenses and was informed by Lisa Erwin that Mr. Don Wilson had determined that she was not entitled to these additional payments. This is unacceptable. To date she has turned in unpaid invoices totaling \$12,552.32. Additionally, Ms. Gordon has worked unpaid making telephone calls on behalf of North Shore Community Health. Based on the number of hours worked and the charges Ms. Gordon has incurred in making these calls, she is owed \$18,281.25.

Ms. Gordon was hired to roll out survey results and to provide a greater understanding to her North Shore clients as to why the non-exempt employees filed a union petition. The survey results were meant to illustrate the positive and negative aspects of the workplace for both exempt and non-exempt employees. As you are aware, Ms. Gordon experienced an increasingly hostile work environment while providing services to North Shore Community Health. She attempted to hold a meeting to present her survey results and was verbally attacked by Mary Calari, Dr. Guilleck and Dr. Pandey. Ms. Gordon tried to complete her job, but she was personally attacked both during the meeting and later via emails. Instead of accepting the information as an informed critique, many of the North Shore Community Health employees became hostile and belligerent.

November 8, 2010

Page 2

Whether North Shore Community Health agrees or disagrees with the results Ms. Gordon has presented, she was retained to perform a job and expects to be compensated for completing all of her required tasks. At this time, Ms. Gordon expects to be paid in full for all services provided. While Ms. Gordon might not generally bill for her telephone calls completed as part of her services; however, in this instance, Ms. Gloria Riley called Ms. Gordon excessively, sometimes calling as often as six (6) times in a three (3) hour period. Ms. Gordon was working eight to ten (8-10) hour days at the work site and providing support and information via telephone calls for two (2) or more hours each day. She was working during those additional hours and is entitled to be compensated for that work.

Accordingly, demand is hereby made for immediate refund of the sum of \$30,833.57. You may remit payment through this office by check made payable to Ms. Natasha Gordon.

Although we prefer to resolve this matter amicably if possible, I must inform you that unless you comply fully with the above demand within thirty (30) days hereof, I shall advise Ms. Gordon to pursue all available legal remedies. I am sure you are aware that these remedies include the filing of a civil suit for damages, and that in the event it becomes necessary to do so, a court having jurisdiction will also be authorized to award Ms. Gordon reasonable attorney's fees and litigation costs. Ms. Gordon believes that she has a strong case of workplace discrimination and a hostile work environment based on the treatment that she has received and she is considering her options in pursuing these claims further at this time. I therefore urge you to respond promptly to this demand.

Sincerely,



Shannon N. Mandel

SNM/klm

cc: Ms. Natasha Gordon

North Shore Community Health
Attn: Ms. Marion Winfrey
27 Congress Street
Suite 103
Salem, MA 01970

LM 20 info

[Hide Details](#)

FROM: Debbie Barnett
TO: Natasha Gordon

Wednesday, July 7, 2010 2:55 PM

Natasha,

Here is the information that you will need to complete LM20's for work done in 2010, so far.

Deb

Robert Hendershott
North Shore Community Health
27 Congress Street, Suite 103
Salem, MA 01970
5/13/2010

various days beginning 5/18/2010

RN's, LPN's, MA's, Dental Assistants, Receptionists, Medical Records Clerks, Billing Associates, Phone Operators, Referral Coordinators, Case Managers

SEIU United Healthcare Workers East

[Reply to Debbie Barnett](#)



Subject: LRICS

From: Debbie Barnett (dbarnett@lrionline.com)

To: natasha_gordon2001@yahoo.com;

Date: Monday, August 16, 2010 12:01 PM

Natasha,

I received a payment from North Shore today. I know you've been waiting for this so I'm authorizing \$4985.00 to your account today instead of Thursday as usual. Hope this helps.

Debbie

Subject: LRICS

From: Debbie Barnett (dbarnett@lrionline.com)

To: natasha_gordon2001@yahoo.com;

Date: Thursday, July 22, 2010 3:39 PM

Natasha,

I wired \$349.21 to your account for expenses at North Shore.

5/22 \$286.40

6/6 \$62.81

Your receipts didn't match what you had on your invoice.

Subject: LRICS

From: Debbie Barnett (dbarnett@lrionline.com)

To: natasha_gordon2001@yahoo.com;

Date: Monday, July 19, 2010 3:05 PM

Natasha,

I just authorized \$1500 to your Wakovia account. It should show up in a couple of hours.

Debbie

Subject: LRICS

From: Debbie Barnett (dbarnett@lrionline.com)

To: natasha_gordon2001@yahoo.com;

Date: Thursday, June 17, 2010 11:24 AM

Natasha,

I authorized \$7500 to your account this morning for North Shore.

Debbie

Subject: LRICS

From: Debbie Barnett (dbarnett@lrionline.com)

To: natasha_gordon2001@yahoo.com;

Date: Thursday, June 3, 2010 12:55 PM

Natasha,

I just authorized \$750.00 to your account for North Shore.

Debbie