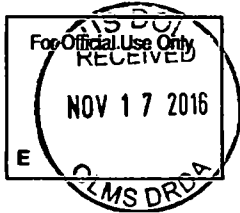


FORM LM-20

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.

629327

1. File Number: C- 67190

Person Filing

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

Name Kirsten Johnson Moore
Title Consultant
Organization
P.O. Box, Bldg., Room No., if any
Street 139 Drexel Road
City Ardmore
State ZIP Code + 4 19003

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 Paul Conlon
Organization Multicultural Community Services
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1000 Wilbraham Road #4
City Springfield
State Massachusetts ZIP Code + 4 01109

7. Date entered into:

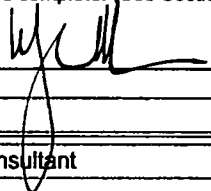
6 / 19 / 2016

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

Name Jason Greer
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 
Title Consultant
On 11/11/2016 610-420-0819
Date Telephone Number

President
(If other title, see
instructions)

14. Signed _____
Title
On
Date Telephone Number

Treasurer
(If other title, see
instructions)

Filer: **Kirsten Johnson Moore**

File Number C-

67190

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.):

No written agreement. I was engaged by Greer Consulting to work with MCS to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

Specific Activities to be Performed

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

a. Nature of activity:

Presentations/education to all employees of the organization (Assistant Managers & Certified Nursing Assistants) regarding their rights to organize and collectively bargain. Provided support to the leadership of the organization regarding the collective bargaining process.

11.b. Period during which performed:

Various dates 6/19 - 7/10

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization **Greer Consulting**

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

Street **6311 Ronald Regan Drive**

City **Lake St Louis**

State **Missouri** ZIP Code + 4 **63367**

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:

Assistant Managers, Certified Nursing Assistants

12.b. Identify subject labor organizations:

SEIU