

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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)

524895  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 605326

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Derek Vitatoe  Title President  Organization Harmony in Diversity, Inc.  P.O. Box, Bldg., Room No., if any  Street 46036 Michigan Ave #280  City Canton  State Michigan ZIP Code + 4 48188	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 / 13	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization The May Institute  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 41 Pacella Park Drive  City Randolph  State Massachusetts ZIP Code + 4 02368	7. Date entered into: 12 / 19 / 2012  8. Name of person(s) through whom made:  Name Ralph Sperry  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 President  
President  
(If other title, see instructions)

14. Signed   
Title Treasurer  
Treasurer  
(If other title, see instructions)

On 3/26/13 313 318 3382  
Date Telephone Number

On 3/26/13  
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.):

Verbal Agreement \$1500 a day plus reasonable travel expenses

#### Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees regarding their rights under the National Labor Relations Act to bargain collectively and to form, join or assist a labor organization; and also their right not to.

11.b. Period during which performed:

Various Days beginning 11/30/12

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services

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

Street 7850 South Elm Place- Suite E

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:

All care workers in residences and school setting.

12.b. Identify subject labor organizations: