

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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.

706038

1. File Number: C-108686

Person Filing

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

Name

Title

Organization LABOR DIVERSE

P.O. Box, Bldg., Room No., if any POBOX 223516

Street

City HOLLYWOOD

State FL

ZIP Code + 4 33022

3. Any other address where records necessary to verify this report are kept:

Name N/A

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 ALICIA LAKE

Organization CENTER FOR AUTISM AND RELATED DISORDERS

Trade Name, if any

P.O. Box, Bldg., Room No., if any 12

Street 125 NE 102ND AVE

City PORTLAND

State OR

ZIP Code + 4 97220

7. Date entered into:

4 / 29 / 19

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

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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 BE PAID FOR CONSULTING SERVICES PLUS EXPENSES.

Specific Activities to be Performed

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

a. Nature of activity:

CONDUCT EMPLOYEE MEETINGS; TEACHING THEM, THEIR RIGHTS UNDER NLRA.

11.b. Period during which performed:

CONTINUOUS

11.c. Extent performed:

N/A

11.d. Name and address through whom performed:

Name EDUARDO PADILLA

Organization EPC

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

Street P.O. BOX 280

City BONTA CA

State CA

ZIP Code + 4 91908

Additional Name and address through whom performed, if any:

Name ARCENE BURGUEÑO

Organization RJA LABOR RELATIONS

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

Street 644 SANDYHOOK AVE

City LA PUENTE

State CA

ZIP Code + 4 91744

12.a. Identify subject groups of employees:

Behavioral Therapist

12.b. Identify subject labor organizations:

OFNHP ATT LOCAL 5017.

Filer:

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Jaime Brambila
Organization EPC CONSULTING
P.O. Box, Bldg., Room No., if any
Street P.O. BOX 280
City BONITA
State CA ZIP Code + 4 91908

Additional Name and address through whom performed, if any:

Name ALAI OLIVARRIA
Organization EPC CONSULTING
P.O. Box, Bldg., Room No., if any
Street P.O. BOX 280
City BONITA
State CA ZIP Code + 4 91908

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations:

Filer:

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

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- 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.):

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name **DANIEL BLOCK**

Organization **LABOR MANAGEMENT**

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

Street **6505 MOUNT BATTEN CT**

City **PROSPECT**

State **KY** ZIP Code + 4 **40059**

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: