

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. 438 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.

1. File Number:

C-685

Person Filing

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

Name Michael Rosado

Title President

Organization M Rosado CONSULTANTS

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

Street 96 Linwood PLAZA, Suite 103

City Fort Lee

State NJ

ZIP Code + 4 07024

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 5 Quail Ct

City Englewood

State NJ

ZIP Code + 4 07631

4. Date fiscal year ends:

8 / 2014

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 Jim Lewis

Organization CEAR MOUNTAIN INC

Trade Name, if any

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

Street 6 Thorndal Cir

City Darien

State CT

ZIP Code + 4 06820

7. Date entered into:

3 / 1 / 2013

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 of 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

1/4/2014
Date

201-655-9725
Telephone Number

On

Date

Telephone Number

Filer: M ROSADO CONSULTANTS	File Number C-
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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 speeches to employees about exercising their rights to organize and bargain collectively

Terms \$187.50/ plus travel

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: To provide and give speeches to employees regarding their rights to organize and bargain collectively — INNOCULATION CLASSES	
11.b. Period during which performed: VARIOUS DAYS 3/1/2013 - 4/23/2013	11.c. Extent performed: FULLY
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name LRI	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm PLACE	Street
City BROKEN ARROW	City
State OK ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees: VARIOUS McDONALDS LOCATION IN NYC	12.b. Identify subject labor organizations: SEIU