

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only



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.

463662

1. File Number:

C- ~~81-0620540~~

C 673

Person Filing

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

Name Roberta Buesching

Title President

Organization About Business, Inc.

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

Street 6483 S. Xenophon St.

City Littleton

State Colorado

ZIP Code + 4 80127

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

Name Roberta Buesching

Title President

Organization About Business, Inc.

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

Street 6483 S. Xenophon St.

City Littleton

State Colorado

ZIP Code + 4 80127

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): S-Corp

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Patrice Haverstick

Organization Albert Einstein Healthcare

Trade Name, if any

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

Street 5501 Old York Road

City Philadelphia

State Pennsylvania

ZIP Code + 4 19141

7. Date entered into:

June 28 / 2011

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

Name Patrice Haverstick

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

Roberta Buesching

President
(If other title, see
instructions)

Title President

14. Signed

Roberta Buesching

Treasurer
(If other title, see
instructions)

Title Treasurer other

President

On

7/14/11

Date

720-838-7322

Telephone Number

On

7/14/11

Date

720-838-7322

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.):

The company was employed on a per hour basis pursuant to a oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct training for employees on their rights under the NLRA. Topics discussed: NLRB election process, collective bargaining, company position on union, company benefits, policies and procedures.

11.b. Period during which performed:

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name **Roberta Buesching**
 Organization **About Business, Inc.**
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State **Colorado** ZIP Code + 4

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 employees eligible to be in a bargaining unit

12.b. Identify subject labor organizations:

PSNAP