

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)

510188
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00707

Person Filing

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

Name Mary L Holden

Title consultant

Organization Mary L. Holden, HR/ER Consultant

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

Street 1090 Willow Grove Ct.

City Rochester Hills

State Michigan ZIP Code + 4

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 / 12

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 Thomas Rosenberg

Organization RosDev Group

Trade Name, if any Stanford Plaza Hotel

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

Street 418 Clifton Ave., Suite 200

City Lakewood

State New Jersey ZIP Code + 4 08701

7. Date entered into:

5 / 24 / 2012

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

Name Jim Teague

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 Mary L. Holden President
(If other title, see instructions)
Title Sole Proprietor

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

On 1/18/2012 248 459 5700
Date Telephone Number

On _____
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 with a project price and covering 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 to employees regarding their rights and explain the facts about unionization and answer their questions.

11.b. Period during which performed:
various days beginning 5/29/12

11.c. Extent performed:
Approximately 20 days

11.d. Name and address through whom performed:

Name Philip Wilson

Organization Labor Relations Institute

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:

Housemen, housekeepers and maintenance

12.b. Identify subject labor organizations:

United Food and Commercial Workers