

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00483

Person Filing

2. Name and mailing address (include ZIP Code): Name: _____ Title: _____ Organization: Cruz and Associates P.O. Box, Bldg., Room No., if any: 1831 Street: _____ City: Upland State: California ZIP Code + 4: 91785	3. Any other address where records necessary to verify this report are kept: Name: NA 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. <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: Jon Fisher Organization: National Mentor Healthcare, LLC Trade Name, if any: Mentor Florida P.O. Box, Bldg., Room No., if any: _____ Street: 32568 Greenwood Loop City: Wesley Chapel State: Florida ZIP Code + 4: 33545	7. Date entered into: 5 / 14 / 2018
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 Title: Other (Specify) CEO On: 06/20/2018 909-980-8736 Date Telephone Number	14. Signed _____ Title: Other (Specify) NA On: _____ Date Telephone Number
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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.):

Hourly Rate plus Expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Wildine Pierre

Organization

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

Street 6400 Lost Tree Court

City Orlando

State Florida ZIP Code + 4 32818

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:

resident care givers

12.b. Identify subject labor organizations:

Service Employees International Union - SEIU 1199 East