

# 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.

711118

1. File Number: c- 00691

### Person Filing

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

Name Carina Hunt  
Title President  
Organization C. Hunt Management Consulting Inc  
P.O. Box, Bldg., Room No., if any  
Street 909 Champions Ct  
City Roanoke  
State Texas ZIP Code + 4 76262

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:

12/31

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 Mike Woolsey HRVP Ops.  
Organization Beaumont Health  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 26901 Beaumont Blvd  
City Southfield  
State Michigan ZIP Code + 4 48003

7. Date entered into:

05/28/19

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

Treasurer  
(If other title, see instructions)

Title Treasurer

On

04/26/19

Date

714310480

Telephone Number

On

Date

Telephone Number

Filer:

~~000001~~ Carina Hunt

File Number C-

000091

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.):

~~engaged to educate employees regarding their rights to organize and bargain collectively.~~  
 written agreement enclosed.

## Specific Activities to be Performed

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

a. Nature of activity:

engaged to educate employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 4.22.19

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name

Carina Hunt

Organization

C. Hunt Management Consulting Inc.

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

Street

909 Champions Ct

City

Roanoke

State

Texas

ZIP Code + 4

76262

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:

Registered nurses

12.b. Identify subject labor organizations:

Michigan Nurses Association