

# 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. 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.

510189

1. File Number: C- 00707

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Mary L Holden	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization Mary L Holden, HR/ER Consultant	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1090 Willow Grove Ct.	P.O. Box, Bldg., Room No., if any
City Rochester Hills	Street
State Michigan	City
ZIP Code + 4 48307-2548	State
4. Date fiscal year ends:	5. Type of person:
Dec / 12	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 Jurgen Arndt	7. Date entered into: 5 / 23 / 2012
Organization Niagara Lutheran Health & Rehab	8. Name of person(s) through whom made:
Trade Name, if any	Name Jim Teague
P.O. Box, Bldg., Room No., if any	Name
Street 64 Hagar St.	Name
City Buffalo	Name
State New York	Name
ZIP Code + 4 14208	

### 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 Thany Arndt President  
(If other title, see instructions)  
Title Sole Proprietor

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

On 1/18/2013 2484595700  
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 for two days of research at a daily fee plus 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 do research and meet with supervisors to educate them on the National Labor Relation laws.  
No contact or meetings were held with employees.

11.b. Period during which performed:  
5/23/2012 and 5/24/2012

11.c. Extent performed:  
2 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:  
supervisors

12.b. Identify subject labor organizations:  
SEIU United Healthcare Workers East