

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.

1. File Number:

C- 693

Person Filing

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

Name **GERALD O'BRIEN**
Title **INDEPENDENT CONSULTANT**

Organization

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

Street **23 Summit Heights**
City **NORTH OAKS**

State **MN**

ZIP Code + 4 **55127**

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 **THOMAS POLLOCK**
Organization **PARK RIVER ESTATES Care Center**

Trade Name, if any

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

Street **9899 Avocet Street NW.**
City **COON RAPIDS**

State **MN**

ZIP Code + 4 **55433**

7. Date entered into:

6 / 20 / 2012

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 **INDEPENDENT CONSULTANT**

President
(If other title, see instructions)

14. Signed

Title **Treasurer**

Treasurer
(If other title, see instructions)

On **June 26, 2012** **651-261-7772**
Date Telephone Number

On _____
Date Telephone Number

Re: **GERALD O'BRIEN**

File Number C-

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.):

TO EDUCATE EMPLOYEES ABOUT THEIR RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT AND TO TRUTHFULLY ANSWER EMPLOYEE QUESTIONS ABOUT UNIONIZATION.

Specific Activities to be Performed

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

a. Nature of activity:

Group MEETINGS WITH EMPLOYEES

11.b. Period during which performed:

6-20-2012

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name **GERALD O'BRIEN**

Organization

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

Street **23 SUMMIT HEIGHTS**

City **NORTH OAKS**

State **MN**

ZIP Code + 4 **55127**

Additional Name and address through whom performed, if any:

Name **TOM RINNE**

Organization **TRUSIGHT**

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

Street **9805 45th Avenue NORTH**

City **PLYMOUTH**

State **MN**

ZIP Code + 4 **55442**

12.a. Identify subject groups of employees:

**MEDICAL AND
NON-MEDICAL
EMPLOYEES**

12.b. Identify subject labor organizations:

AFSCME