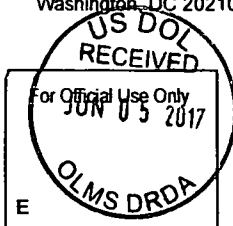


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

649497

1. File Number: C- 00643

Person Filing

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

Name Chris Cimino
Title President and CEO
Organization CACR, Labor Education Services
P.O. Box, Bldg., Room No., if any
Street 1141 West Washinton Blvd., #235
City Chicago
State Illinois ZIP Code + 4 60607

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 / 17

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 Rachel Roe
Organization Munson Medical Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1105 Sixth Street
City Traverse City
State Michigan ZIP Code + 4 49684

7. Date entered into:

4 / 24 / 2017

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

On 05/26/2017

Date

312-433-0003

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.):

Munson Medical Center (MMC) retained CACR, Labor Education Services to provide direct employee education on the National Labor Relations Act.

Specific Activities to be Performed

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

a. Nature of activity:

Gerry O'Brien met with MMC nurses to provide them with factual information about the National Labor Relations Act. Mr. O'Brien also was available to answer employees' questions.

11.b. Period during which performed:

April 24 through May 26, 2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gerry O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota ZIP Code + 4 55127

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:

MMC's Registered Nurses employed at the Medical Center and other locations in Traverse City, Michigan.

12.b. Identify subject labor organizations:

Michigan Nurses Association (MNA).