

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

660180

1. File Number: C- 66689

### Person Filing

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

Name Miriam Navarro

Title President

Organization Frontline Labor Relations

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

Street 9877 Chapman Ave. STE. D426

City Garden Grove

State CA ZIP Code + 4 92841

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 / 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 Andrew G Brown

Organization Superior Ambulance

Trade Name, if any

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

Street 2000 Centerwood

City Warren

State MI ZIP Code + 4 48091

7. Date entered into:

10 / 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 Consultant

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

1-15-18

Date

714-305-3731

Telephone Number

On

Date

Telephone Number

Filer:

Miriam Navarro

File Number C-

~~66880~~

6689

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.):

TO Educate employees about their rights under the National Labor Relations Act and to 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:

10/24/17 - 10/27/17

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name 

Organization CACR Labor Education Services

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

Street 1141 West Washington Blvd., #235

City Chicago

State Illinois ZIP Code + 4 60607

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:

EMT'S  
Paramedics

12.b. Identify subject labor organizations:

UFCW