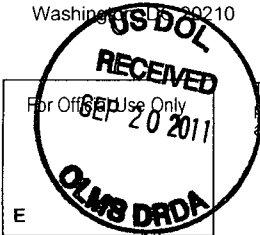


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



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.

466272

1. File Number: C- 60531

### Person Filing

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

Name MICHAEL J. O'DONNELL

Title PRES

Organization PINNACLE CRG SERV

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

Street 3103 E. HAZELWOOD

City PHX

State AZ

ZIP Code + 4 85016

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 WALL AMBULANCE

Organization

Trade Name, if any

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

Street 1001 21ST STREET

City BAKERS FIELD

State CA

ZIP Code + 4 93301

7. Date entered into:

1 / 06 / 08

8. Name of person(s) through whom made:

Name Scott Brink

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

9-9-11

Date

602-790-3424

Telephone Number

On

Date

Telephone Number

Filer: *MICHAEL O'DONNELL*

File Number C- *00531*

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.):

*Held employee meetings to enforce their rights under NLRB and answered questions pertaining to the union using NLRB and Union documents.*

**Specific Activities to be Performed**

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

a. Nature of activity:

*Held small employee meetings to discuss unionism*

11.b. Period during which performed:

*On going*

11.c. Extent performed:

*Held meetings*

11.d. Name and address through whom performed:

Name *MICHAEL O'DONNELL*

Organization *PAS*

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

Street *3103 E. Hazelwood*

City *PRX*

State *G*

ZIP Code + 4 *85016*

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:

*All Paramedics and EMT's*

12.b. Identify subject labor organizations:

*IAEP*