

# 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 0091

### Person Filing

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

Name Carina Hunt

Title President

Organization C. Hunt Management Consulting Inc.

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

Street 701 Love Henry Ct

City Southlake

State TX

ZIP Code + 4 76092

3. Any other address where records necessary to verify this report are kept:

Name Phillip Wilson

Title President

Organization Labor Relations Institute

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

Street 7850 S. Elm Place Ste E

City Broken Arrow

State OK

ZIP Code + 4 74011

4. Date fiscal year ends:

Dec / 2013

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 Timothy Brennan

Organization Twin Rivers Senior Campers

Trade Name, if any

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

Street 900 main st west

City Cannon Falls

State mn

ZIP Code + 4 55009

7. Date entered into:

8/9/13

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 Treasurer

On 9/9/13  
Date

7143104080  
Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer:

File Number C-

691

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

Provide education to employees regarding their Section 7 rights under the National Labor Relations Act.

11.b. Period during which performed:

Various Days Beginning 8/12/13

11.c. Extent performed:

ongoing.

11.d. Name and address through whom performed:

Name

Organization Labor Relations Institute

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

Street 1850 S. Elm Place

City Broken Arrow

State OK 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:

Resident Assistants.

12.b. Identify subject labor organizations:

UPAW Local 1189