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U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

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OLMS/OSDA

FORM LM-20
AGREEMENT & ACTIVITIES REPORT

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 Relations and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Form Approved
Office of Management and Budget

No: 1245-0003
Expires: 09/30/2021

1. a. File Number: 68708 ☐ Amended Report

| | | | |
|---|--|--|--|
| 2. Name and mailing address (include ZIP code): | | 3. Any other address where records necessary to verify this report are kept: | |
| Name: <u>Michael D Penn</u> | | Name: | |
| Title: <u>Partner</u> | | Title: | |
| Organization: <u>THE CROSSROADS GROUP LABOR RELATION CONS</u> | | Organization: | |
| P.O. Box, Bldg., Room No., if any: <u>505</u> | | P.O. Box, Bldg., Room No., if any: | |
| Street: <u>63 Via Pico Plaza</u> | | Street: | |
| City: <u>SAN CLEMENTE</u> State: <u>CA</u> ZIP: <u>92672</u> | | City: State: ZIP: | |

4. Date fiscal year ends: Dec / 31

5. Type of person
☐ a. Individual ☒ b. Partnership ☐ c. Corporation ☐ d. Other (Specify):

Nature of Agreement or Arrangement

| | |
|---|--|
| <p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name (first, middle, last): <u>Therese Hudson-Jinks</u></p> <p>Organization: <u>Tufts Medical Center</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., room No., if any: <u>#465</u></p> <p>Street: <u>800 Washington Street</u></p> <p>City: <u>Boston</u> State: <u>MA</u> ZIP: <u>02111</u></p> | <p>7. Date entered into: <u>10/02/2019</u></p> <p>8. Name of person(s) through whom made:</p> <p>Name: <u>Therese Hudson-Jinks</u></p> <p style="text-align: right;">- Additional names at the end of the report</p> |
|---|--|

Signature and Verification

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.)

| | |
|--|--|
| <p>13. SIGNED: <u>Michael D Penn</u> <u>Michael Dana Penn</u> <input type="text" value="Partner"/> (If other title, see instructions)</p> <p>Date: <u>11/21/2019</u> Telephone Number: <u>818-999-5632</u></p> | <p>14. SIGNED: <u>[Signature]</u> <input type="text" value="Partner"/> (If other title, see instructions)</p> <p>Date: <u>11/26/2019</u> Telephone Number: <u>949-248-0884</u></p> |
|--|--|

Nature of Agreement or Arrangement (Continuation)

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form.)

Written Agreement/Arrangement

Payment on a fee-for-service basis at the rate of \$400 per hour plus reasonable and customary expenses

Specific Activities to be performed

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

Activity 1

a. Nature of activity

To assist the Employer in its communication efforts to inform employees of their Section 7 rights and furnish them with information regarding third-party representation

11b. Period during which activities performed:

10/02/2019 to the present

11c. Extent performed:

Ongoing

11d. Name and Address of person(s) through whom activities were performed:

Name (first,middle,last) : Miko A Penn

Organization: The Crossroads Group Labor Relations Consultants

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

Street

City

State

ZIP

Suite 505

63 Via Pico Plaza

SAN CLEMENTE

CA

92672

11d. Name and Address of person(s) through whom activities were performed:

Name (first,middle,last) : Michael D Penn

Organization: The Crossroads Group Labor Relations Consultants

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

Street

City

State

ZIP

Suite 505

63 Via Pico Plaza

SAN CLEMENTE

CA

92672

12a. Identify subject groups of employees:

All non-professional employees at Tufts Medical Center

12b. Identify subject labor organizations:

UFCW Local 1445