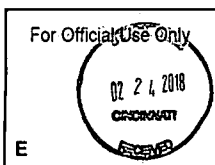


FORM LM-20

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.

663949

1. File Number: C- 00572

Person Filing	
2. Name and mailing address (include ZIP Code): Name Sanderson B Adams Title President Organization Tactical Advisory Group P.O. Box, Bldg., Room No., if any Street 28 W. Orchard Road City Fort Mitchell State Kentucky ZIP Code + 4 41011	3. Any other address where records necessary to verify this report are kept: Name Susan R Crain Title Secretary/Treasurer Organization Tactical Advisory Group P.O. Box, Bldg., Room No., if any Street 7182 Champions Lane City West Chester State Ohio ZIP Code + 4 45069
4. Date fiscal year ends: Dec / 16	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Trade Name, if any Pottstown Memorial Medical Center P.O. Box, Bldg., Room No., if any Street 1600 E. High Street City Pottstown State Pennsylvania ZIP Code + 4 19464	7. Date entered into: 8 / 15 / 2016 8. Name of person(s) through whom made: Name rich Newell 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 Sanderson B Adams President
(If other title, see instructions)
Title President

14. Signed Susan R Crain Treasurer
(If other title, see instructions)
Title Treasurer

On 12/23/18 (859) 630-7292
Date Telephone Number

On 12/23/18 (513) 777-6204
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.):

Inform employees about the realities of union representation and collective bargaining.

Specific Activities to be Performed

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

a. Nature of activity:

Persuade employees to vote "no" for union representation

11.b. Period during which performed:

8-15-16 through 9-30-16

11.c. Extent performed:

completed before the election

11.d. Name and address through whom performed:

Name Carina M Hunt

Organization C. Hunt Management Consulting, Inc.

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

Street 909 Champions Court

City Roanoke

State Texas

ZIP Code + 4 76262

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:

Registered nurses

12.b. Identify subject labor organizations:

PASNAP Pennsylvania Association of Staff Nurses and Allied Professionals