

# 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.

659702

1. File Number: C-

67809

## Person Filing

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

Name Sandra L Tyson

Title

Organization self

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

Street 17623 Smith St

City Riverview

State ZIP Code + 4 48193

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 Carrie Beaulieu

Organization Notting Hill of West Bloomfield

Trade Name, if any

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

Street 6535 Drake Rd

City West Bloomfield

State ZIP Code + 4 48322

7. Date entered into:

11 / 14 / 2017

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

Name Carrie Beaulieu

Name Tomy Oddo

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 Sandra L Tyson

President  
(If other title, see  
instructions)

Title President

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 12/14/2017 734-306-9703

Date

Telephone Number

On \_\_\_\_\_

Date

Telephone Number

Filer: <b>Sandra L Tyson</b>	File Number C-
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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.):

flat fee for consulting services during union campaign with Seiu Healthcare Michigan

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: union awareness training and consulting services	
11.b. Period during which performed: 11/14/2017 to 11/29/2017	11.c. Extent performed: 11/29/2017
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Sandra L Tyson	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 17623 Smith St	Street
City Riverview	City
State ZIP Code + 4 48193	State ZIP Code + 4
12.a. Identify subject groups of employees: management training and employee education	12.b. Identify subject labor organizations: Seiu Healthcare Michigan