

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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-105879**

Person Filing

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

Name **Russ Brown**

Title **CEO**

Organization **Russ Brown Associates**

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

Street **5753G Santa Ana Cyn. Rd., #233**

City **Anaheim**

State **California**

ZIP Code + 4 **92807**

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:

Dec / 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 **Alan Funk**

Organization **Pomeroy Health, Inc.**

Trade Name, if any

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

Street **5480 Corporate Dr., Suite 230**

City **Troy**

State **Michigan**

ZIP Code + 4 **48098**

7. Date entered into:

1 / 1 / 2012

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

Name **Alan Funk**

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

Title **President**

President
(If other title, see
instructions)

14. Signed

Title **Treasurer**

Treasurer
(If other title, see
instructions)

On **12/1/2013** **714 281-4428**

Date

Telephone Number

On

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.):

The oral agreement is that Russ Brown Associates will conduct information meetings with employees to answer questions with respect to rights under the National Labor Relations Act.

Specific Activities to be Performed

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

a. Nature of activity:

Conducted informational meetings with employees.

11.b. Period during which performed:

1/12 to 3/13

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Loren Clyburn

Organization Russ Brown Associates

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

Street 5753G Santa Ana Cyn Rd, #233

City Anaheim

State California ZIP Code + 4 92807

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:

CNA, Dietary and Housekeeping

12.b. Identify subject labor organizations:

Service Employees Union

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-

Person Filing

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

Name Russ Brown

Title CEO

Organization Russ Brown Associates

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

Street 5753G Santa Ana Cyn Rd, Suite 233

City Anaheim

State California

ZIP Code + 4 92807

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:

Dec / 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 Todd Cornett

Organization Jan Care Ambulance Service, Inc.

Trade Name, if any

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

Street 117 S. Fayette St.

City Beckley

State West Virginia

ZIP Code + 4 25801

7. Date entered into:

2 / / 2013

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

Name Todd Cornett

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 10 on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 11/04/2013 714 281-4428

Date

Telephone Number

On

Date

Telephone Number