

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

For Official Use Only



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.

401877

1. File Number: C- 643

Person Filing

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

Name Chris Cimino

Title President

Organization CACR, INC.

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

Street 1141 West Washington Blvd, #235

City Chicago

State Illinois

ZIP Code + 4 60607

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 Barbara Hay

Organization Family Health Network

Trade Name, if any

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

Street 910 West Van Buren Street, 6th Fl

City Chicago

State Illinois

ZIP Code + 4 60607

7. Date entered into:

6 / 1 / 2009

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

Name Barbara Hay

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 VIII 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 07/01/2009

Date

312-433-0003

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.):

To educate employees of their rights under the National Labor Relations Act and to truthfully inform employees of the possible down-sides to unionization.

Specific Activities to be Performed

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

a. Nature of activity:

A staff member from CACR (John Aguilar) held several meetings with employees to help answer questions about the NLRA and collective bargaining.

11.b. Period during which performed:

June 2009

11.c. Extent performed:

11.d. Name and address through whom performed:

Name John Aguilar

Organization

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

Street 1920 School House Lane

City Aurora

State Illinois ZIP Code + 4 60506

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:

Health plan.

12.b. Identify subject labor organizations:

United Auto Workers.