

FORM LM-20

AGREEMENT AND 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- NONE GIVEN YET C 619 300150	
Person Filing JOSHUA S BARKLEY	
2. Name and mailing address (include ZIP Code): Name JOSHUA S. BARKLEY Title Internal Organizing Committee CHAIRMAN Organization PROFESSIONAL MEDICAL TRANSPORT INDEPENDENT CERTIFIED EMERGENCY PROFESSIONALS P.O. Box, Bldg., Room No., if any Street 11417 E VOGELTOWN ST City PHOENIX ARIZONA State ARIZONA ZIP Code + 4 85207	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: /	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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 PROFESSIONAL MEDICAL TRANSPORT Organization BOB RAMSEY, PATRICK CANTERNA Trade Name, if any PH17 Ambulance, not Public P.O. Box, Bldg., Room No., if any P.O. Box 41065 Street City PHOENIX ARIZONA State ARIZONA ZIP Code + 4 85082	7. Date entered into: JULY 17th / 2006 8. Name of person(s) through whom made: Name BOB RAMSEY Name PATRICK CANTERNA Name JOSHUA BARKLEY 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 *Joshua S Barkley* President
(If other title, see instructions)
Title President CHAIRMAN

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On July 17th, 2006 480-213-6777
Date Telephone Number

On _____
Date Telephone Number

Filer:

File Number C-

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.):

SEE ATTACHMENT

Specific Activities to be Performed

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

a. Nature of activity: THE TWO PARTIES HAVE ENTERED INTO A COLLECTIVE BARGAINING AGREEMENT, CURRENTLY BROUGHT BEFORE THE EMPLOYEES OF PROFESSIONAL MEDICAL TRANSPORT FOR APPROVAL AND TO PERSUADE TO VOTE "YES" TO HAVE THE VERY FORMER "INDEPENDENT CERTIFIED EMERGENCY PROFESSIONALS" REPRESENT THEM IN FUTURE CONTRACT NEGOTIATIONS

11.b. Period during which performed:

JULY 11TH 2006 - JULY 30TH 2006

11.c. Extent performed:

PENDING - NEAR COMPLETION

11.d. Name and address through whom performed:

Name JOSHUA S. BARKLEY
 Organization Independent certified emergency professionals
 P.O. Box, Bldg., Room No., if any
 Street 11417 E DECATUR ST
 City MESA
 State ARIZONA ZIP Code + 4 85207

Additional Name and address through whom performed, if any:

Name TRAVIS YATES
 Organization Independent certified emergency professionals
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

FIELD EMT'S FEMTS Paramedics
 AND NURSES that are employed
 full time with PMT Ambulance

12.b. Identify subject labor organizations:

INDEPENDENT
 CERTIFIED
 EMERGENCY
 PROFESSIONALS