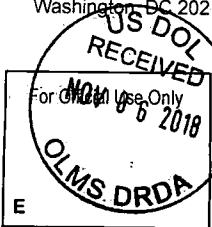


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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.

685046

1. File Number: C- 66912

## Person Filing

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

Name Mahlah Hansen

Title Office Administrator

Organization HMD Consulting Services Inc

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

Street 18530 Mack Avenue, Suite 253

City Grosse Pointe Farms

State Michigan ZIP Code + 4 48236

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 Wanda Amaro

Organization Jefferson Frankford Hospital

Trade Name, if any

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

Street 4900 Frankford Avenue

City Philadelphia

State Pennsylvania ZIP Code + 4 02451

7. Date entered into:

8 / 22 / 2018

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

Name

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

President  
(If other title, see  
instructions)

Title President

On 9/30/2018

Date

Telephone Number

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Office Administrator

On 9/30/18

Date

Telephone Number

Filer: **M. Hansen**

File Number C- **66912**

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 company was employed on a per hour basis pursuant to an oral contract.

**Specific Activities to be Performed**

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

a. Nature of activity:

To inform employees of their rights as described by the NRLA; to choose whether or not they wish to be represented for the purpose of collective bargaining.

11.b. Period during which performed:  
8/22/2018 - ongoing

11.c. Extent performed:  
ongoing

11.d. Name and address through whom performed:

Name **P Jackson**

Organization **HMD Consulting Service Inc**

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

Street **18530 M**

City **Grosse Pointe Farms**

State **Michigan** ZIP Code + 4 **48236**

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:

All full-time and regular part-time  
Maintenance/Engineering employees

12.b. Identify subject labor organizations:

International Brotherhood of Electrical Workers  
Local Union No. 98