

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

466273

1. File Number: C-00531

Person Filing

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

Name MICHAEL O'DONNELL
Title PRES
Organization PINNACLE ORG. SERVICES
P.O. Box, Bldg., Room No., if any
Street 3103 E. HAZELWOOD
City PHX
State AZ ZIP Code + 4 85016

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 JOHN ARMSTRONG
Organization BAY AREA NEWS
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2640 SHADLANDS
City WALNUT CREEK
State CA ZIP Code + 4 94598

7. Date entered into:

5/11/08

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

Name JOHN ARMSTRONG
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 [Signature] President
(If other title, see instructions)
Title President

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

On 9-9-11 602-790-3424
Date Telephone Number

On _____
Date Telephone Number

Filer: *MICHAEL J O'DONNELL*

File Number C- *00531*

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.):

Hold employee meetings to inform them of their Section 7 rights and send NLRB documents and Union documents for answers and questions

Specific Activities to be Performed

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

a. Nature of activity:

Held small employee meetings to discuss Unionism

11.b. Period during which performed:

On-going

11.c. Extent performed:

Employee meetings

11.d. Name and address through whom performed:

Name *MICHAEL O'DONNELL*

Organization

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

Street *3103 N HAZELWOOD*

City *PHX*

State *AZ*

ZIP Code + 4 *85016*

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:

*potential
Employees in bargaining
unit*

12.b. Identify subject labor organizations:

Writers Guild