

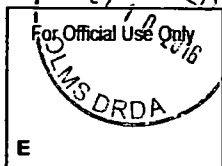
Amended / corrected Report!

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# 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.

628777

1. File Number: C- 00691

### Person Filing

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

Name Carina Hunt  
Title Pressident  
Organization C Hunt Management Consulting Inc  
P.O. Box, Bldg., Room No., if any  
Street 909 champions ct  
City roanoke  
State Texas ZIP Code + 4 76262

#### 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 Sanderson B Adams  
Organization Tactical Advisory Group  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 28 West Orchard  
City Ft Mitchell  
State Kentucky ZIP Code + 4 41011

#### 7. Date entered into:

8 / 14 / 2016

#### 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

14. Signed

\_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 09/14/2016 714-310-4080

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.):

Verbal agreement to provide education to employees regarding their section 7 rights under the National Labor Relations Act and collective bargaining

**Specific Activities to be Performed**

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

a. Nature of activity:

to provide direct employee education regarding their section 7 rights under the national Labor Relations Act and collective bargaining.

11.b. Period during which performed:

various days beginning 8/15/2016

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Carina Hunt  
Organization C HUNT MANAGEMENT CONSULTING INC

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

Street 909 Champions Ct

City Roanoke

State Texas ZIP Code + 4 76262

Additional Name and address through whom performed, if any:

Name Khanh Tran

Organization

P.O. Box, Bldg., Room No., if any 1501

Street

City Lake Forest

State California ZIP Code + 4 92609

12.a. Identify subject groups of employees:

Registered Nurses

12.b. Identify subject labor organizations:

PASNAP