

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

AUG 29 2016

For Official Use Only

OLMS DRDA

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)

625673

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66371

Person Filing

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

Name

Title

Organization Omega Labor Solutions

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

Street 2307 Fenton Parkway Suite 107-221

City San Diego

State California

ZIP Code + 4 92108-4746

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

Organization Cape Cod Ambulance

Trade Name, if any

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

Street 21540 30th Drive SE Suite 250

City Bothell

State Washington

ZIP Code + 4 98021

7. Date entered into:

7 / 7 / 2016

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

Name Charlie Maymon

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

[Signature]

Treasurer
(If other title, see instructions)

Title Treasurer

On 08/05/2016

Date

619-385-2718

Telephone Number

On 08/05/2016

Date

619-385-2718

Telephone Number

665

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.):

Daily rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Facilitated communication with employees regarding their Section 7 rights.

11.b. Period during which performed:

07/07/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization Sparta

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 employees that are eligible to vote in the bargaining unit.

12.b. Identify subject labor organizations:

AFSCME Local 4911