

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only



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.

432468

1. File Number: c-693

Person Filing

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

Name **GERALD O'BRIEN**

Title **Consultant**

Organization

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

Street **23 Summit Heights**

City **NORTH OAKS,**

State **MN**

ZIP Code + 4 **55127**

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 **Alle-KISKE MEDICAL Center**

Organization

Trade Name, if any

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

Street **1301 CARLISLE Center**

City **NATRONA HEIGHTS**

State **PA**

ZIP Code + 4 **15065**

7. Date entered into:

1 / 1 / 10

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

Name **NED LAUBACHER**

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

Gerald R O'Brien
President
SOLE Proprietor

President
(If other title, see
instructions)

14. Signed

Treasurer
Title

Treasurer
(If other title, see
instructions)

On

July 16, 2010

Date

Telephone Number

651-261-7772

On

Date

Telephone Number

Filer:

GERALD O'BRIEN

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.):

To provide Advice to Employer in connection with union organizing activity.
To educate employees about their rights under the NLRA AND TRUTHFULLY ANSWER Their Questions.

Specific Activities to be Performed

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

a. Nature of activity:

Group meetings with employees.

11.b. Period during which performed:

6-17-10 to 8-5-10

11.c. Extent performed:

11.d. Name and address through whom performed:

Name LRI Consulting Services, Inc

Organization

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

Street 7850 S. Elm Place, Suite E

City Broken Arrow

State OK

ZIP Code + 4 74011

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:

Non-professional employees

12.b. Identify subject labor organizations:

SEIU Health Care
Pennsylvania