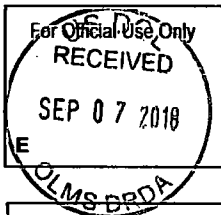


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

682271

1. File Number: C- 00691

### Person Filing

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

Name Carina Hunt

Title President

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 Anne Gaeta

Organization Bio-Medical Applications of MN and WI

Trade Name, if any

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

Street 920 Watham Street

City Waltham

State Montana

ZIP Code + 4 02451

7. Date entered into:

1 / 12 / 2018

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

Name Penne Familusi

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

8/17/18  
10/23/2017

Date

7143104080

Telephone Number

On

8/17/18  
10/23/2017

Date

7143059495

Telephone Number

Carina Hunt

AAdvantage # 7C534N4 EXP

Ticket # 0012101265323

Christina Miller

Earn miles with this trip.

Join AAdvantage »

Ticket # 0012101265327

---

## Your trip receipt



Exchange

### ***Carina Hunt***

FARE-USD	\$ 183.26
TAXES AND CARRIER-IMPOSED FEES	\$ 27.94
<b>TICKET TOTAL</b>	<b>\$ 211.20</b>

---

### ***Christina Miller***

FARE-USD	\$ 183.26
TAXES AND CARRIER-IMPOSED FEES	\$ 27.94
<b>TICKET TOTAL</b>	<b>\$ 211.20</b>

---

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

## 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 1/12/2018

11.c. Extent performed:

complete

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

Organization

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

Street

City

State Other ZIP Code + 4

12.a. Identify subject groups of employees:

Case: 18-RD-212695

12.b. Identify subject labor organizations:

AFSCME COUNCIL 5 AND AFSCME COUNCIL 65

Carina

From: American Airlines no-reply@notify.email.aa.com  
Subject: Your trip confirmation-LBTYWY 14AUG  
Date: Aug 5, 2018 at 9:25:42 AM  
To: CARINAMHUNT@GMAIL.COM

American Airlines

Hello Carina Hunt!

Issued: Aug 5, 2018



## Your trip confirmation and receipt

Record locator: **LBTYWY**

[Manage Your Trip](#)

**Tuesday, August 14, 2018**

DFW

SNA

Seats: 8F

8:55 AM

10:01 AM

Class: Economy (G)

Meals: Food For Purchase

Dallas/Fort Worth → Orange County

American Airlines 2464

Free entertainment with the American app