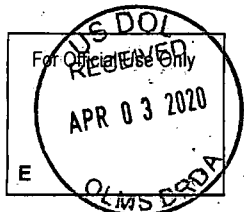


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



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.

727184

1. File Number: C-643

Person Filing

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

Name Chris Cimino

Title CEO

Organization CACR Labor Education Services

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

Street 1141 West Washington Blvd., #235

City Chicago

State Illinois

ZIP Code + 4 60607

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 Bob Hanley

Organization University of Chicago Medical Center

Trade Name, if any

P.O. Box, Bldg., Room No., if any RM. M-118, MC1086

Street 5841 S. Maryland Ave.

City Chicago

State Illinois

ZIP Code + 4 60637-1470

7. Date entered into:

2 / 24 / 2020

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

On 03/26/2020

Date

312-433-0003

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.):

University of Chicago Medical Center (UCMC) retained CACR Labor Education Services to provide education and information about the National Labor Relations Act (NLRA).

Specific Activities to be Performed

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

a. Nature of activity:

Representatives from CACR, Labor Education Services met with Technical employees (in small groups and one-on-one) to provide information and answer questions about the NLRA.

11.b. Period during which performed:

02/26/20 to 03/07/20

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gerry O'Brien

Organization

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

Street 23 Summit Heights

City North Oaks

State Minnesota

ZIP Code + 4 55127

Additional Name and address through whom performed, if any:

Name Mark Lema

Organization

P.O. Box, Bldg., Room No., if any PO Box 385

Street

City Hainesport

State New Jersey

ZIP Code + 4 08036

12.a. Identify subject groups of employees:

Hourly Technical employees employed by the Medical Center.

12.b. Identify subject labor organizations:

Teamsters, Local 743

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Representatives from CACR Labor Education Services met with Technical employees to provide information and answer questions about the NLRA.

11.b. Period during which performed:

02/26/20 to 03/07/20

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Rebecca Smith

Organization

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

Street 554 Mahard Drive

City Twin Falls

State Idaho

ZIP Code + 4 83301

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

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

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:

12.b. Identify subject labor organizations: