

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.

715 066

1. File Number: c- 67257

Person Filing

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

Name Joseph Brock
Title President
Organization Reliant Labor Consultants
P.O. Box, Bldg., Room No., if any
Street 1011 Sonata Lane
City Apollo Beach
State Florida ZIP Code + 4 33572

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 / 19

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 Mike Woolsey
Organization Beaumont Hospital-Royal Oaks
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3601 W 13 Mile Rd
City Royal Oak
State Michigan ZIP Code + 4 48073

7. Date entered into:

4 / 15 / 2019

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

Title

President

President
(If other title, see
instructions)

14. Signed

Title

Treasurer

Treasurer
(If other title, see
instructions)

On

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.):

Written agreement attached. Engaged by Beaumont Hospital-Royal Oaks to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union prepetition

Specific Activities to be Performed

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

a. Nature of activity:

Hold meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union. Pre-petition

11.b. Period during which performed:

4/15/2019 to ongoing

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Kirsten Moore

Organization

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

Street 139 Drexel Rd

City Ardmore

State Pennsylvania

ZIP Code + 4 19003

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 RN's

12.b. Identify subject labor organizations:

Michigan Nurses Association