

# 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

11/18/18

1 File Number C- 00568

### Person Filing

#### 2 Name and mailing address (include ZIP Code)

Name Raymond Rosenbach  
Title Treasurer  
Organization Govt Resources Consultants of America  
P O Box, Bldg, Room No, if any 106  
Street 253 Commerce Dr  
City Grayslake  
State Illinois ZIP Code + 4 60030

#### 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 Kevin Fowler  
Organization Cabell Huntington Hospital  
Trade Name if any  
P O Box, Bldg Room No if any  
Street 1603 13th Street  
City Huntington  
State West Virginia ZIP Code + 4 25701

#### 7 Date entered into

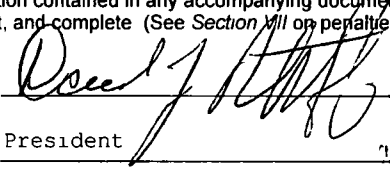
10 / 21 / 2019

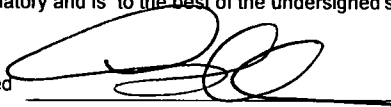
#### 8 Name of person(s) through whom made

Name Kevin Fowler  
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 OCT 21, 2019 847-337-3480  
Date Telephone Number

On 10/22/19 847-337-3480  
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 )

To provide professional consulting services as described in Section 11

## Specific Activities to be Performed

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

## a Nature of activity

Conduct employee and supervisory group meetings to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances

## 11 b Period during which performed

October & November 2019

## 11 c Extent performed

On going

## 11 d Name and address through whom performed

Name Noble Miller  
Organization Govt Resources Consultants of America  
P O Box Bldg, Room No if any 106  
Street 253 Commerce Dr  
City Grayslake  
State Illinois ZIP Code + 4 60030

## Additional Name and address through whom performed, if any

Name Dawn Chapman  
Organization CSAV 360  
P O Box Bldg Room No, if any P O Box 422812  
Street  
City Kissimme  
State Florida ZIP Code + 4 34742

## 12 a Identify subject groups of employees

All full time, part-time, and casual registered nurses and Nurse Practitioners

## 12 b Identify subject labor organizations

Service Employees International Union District 1199 WKO

**Specific Activities to be Performed (Continuation Page)**

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

## a Nature of activity

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11 b Period during which performed  
October & November 2019

11 c Extent performed  
On going

11 d Name and address through whom performed

Name Greg Peraino

Organization CSAV360

P O Box Bldg , Room No if any P O Box 422812

Street

City Kissimmee

State Florida ZIP Code + 4 34742

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

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