

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

659693

1. File Number: C- 688

Person Filing

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

Name Bruce Crawford
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street 10567 Big Canoe
City Jasper
State Georgia ZIP Code + 4 30143

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 Joni Duncan
Organization _____
Trade Name, if any Lurie Children's Hospital of Chicago
P.O. Box, Bldg., Room No., if any _____
Street 225 East Chicago Avenue, Box 14
City Chicago
State Illinois ZIP Code + 4 60611

7. Date entered into:

12 / 4 / 2017

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 Sole Proprietor

President
(If other title, see instructions)

14. Signed

Title _____

Treasurer
(If other title, see instructions)

On

Date

770-344-9799

Telephone Number

On

Date

Telephone Number

Filer: **Bruce Crawford**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.):

Lurie Children's Hospital retained Bruce Crawford to provide education and information about the National Labor Relations Act (NLRA).

Specific Activities to be Performed**Add Additional Activity (Item 11)**

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

a. Nature of activity:

Bruce Crawford met with (Facilities Department) employees at Lurie Children's Hospital to provide information and answer questions about the NLRA.

11.b. Period during which performed:

December 6th and 7th, 2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name **Bruce** ☐ **Crawford**Organization P.O. Box, Bldg., Room No., if any Street **10567 Big Canoe**City **Jasper**State **Georgia**ZIP Code + 4 **30143**

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 **Add More Names (Item 11.d.)**

12.a. Identify subject groups of employees:

Hourly employees in the Facilities Department.

12.b. Identify subject labor organizations:

No union specified.