

**FORM LM-20**  
**AGREEMENT & 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 Relations and Disclosure Act of 1959, as amended (LMRDA).

No: 1245-0003  
Expires: 01/31/2025

For Official Use Only  
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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 70750

☐ Amended Report

2.Name and mailing address(include ZIP code):		3. Any other address where records necessary to verify this report are kept:	
Name: Robert N URRABAZO		Name :	
Title: MR.		Title:	
Organization: UMW		Organization:	
P.O. Box, Bldg., Room No., if any: PO Box 452		P.O. Box, Bldg., Room No., if any:	
Street:		Street:	
City: Floresville State: TX ZIP: 78114		City: State: ZIP:	
4. Date fiscal year ends: Jan / 23		5: Type of person <input type="checkbox"/> a. Individual <input checked="" type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):	

<b>Nature of Agreement or Arrangement</b>		
6. Full name and address of employer with whom made(include ZIP Code): Name (first,middle,last) : Robert Nicholas Urrabazo Organization : UMW Trade Name, if any: Union for Medical Workers P.O. Box, Bldg., room No., if any: PO BOX 452 Street: City : Floresville State : TX ZIP : 78114		7. Date entered into: 05/01/2023
		8. Name of person(s) through whom made: Name : Orson Bailey  - Additional names at the end of the report

**Signature and Verification**

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:

\_\_\_\_\_  
(If other title, see instructions)

14. SIGNED:

\_\_\_\_\_  
(If other title, see instructions)

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Nature of Agreement or Arrangement (Continuation)**

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form.)

Written Agreement/Arrangement

The Verbal Agreement to Join in Partnership ion creating a Union for Medical Workers. Written Agreement is in progress

**Specific Activities to be performed**

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

**Activity**

a. Nature of activity

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11b. Period during which activities performed:

11c. Extent performed:

11d. Name and Address of person(s) through whom activities were performed:

Name (first,middle,last) :

Organization:

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

Street

City

State

ZIP

12a. Identify subject groups of employees:

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12b. Identify subject labor organizations:

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## VALIDATION SUMMARY PAGE

FILE NUMBER: 70750

Activity 1: Item 11c: Please indicate the extent to which the activities has been performed.

Activity 1: Item 11d: Person 1 : Please enter the first name of the person through whom activities were performed.

Activity 1: Item 11d: Person 1 : Please enter the last name of the person through whom activities were performed.

Activity 1: Item 11d: Person 1 : Please enter either a street address or a P.O.Box.

Activity 1: Item 11d: Person 1 : Please enter the name of the city.

Activity 1: Item 11d: Person 1: Please select the state. Select OO for non-U.S. territories.

Activity 1: Item 11d: Person 1: Please enter the zipcode.

Activity 1: Item 12a: Please enter the subject groups of the employees.

Activity 1: Item 12b : At least one labor organization must be entered.

Item 11: Please enter an Activity.

Item 9: Please check the appropriate box.

Item 10: Please attach the agreement/Arrangement.

Activity 1: Item 11a: Please enter the nature of activities performed.

Activity 1: Item 11b: Please enter the period during which the activities were performed.