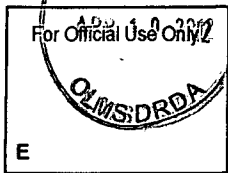


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

494259

1. File Number: c-683

## Person Filing

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

Name Joseph Brock  
Title President  
Organization East Coast Labor Relations  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 151 Forge Rd  
City Delran  
State New Jersey ☒ ZIP Code + 4 08075

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 \_\_\_\_\_  
Organization Cooper Health System  
Trade Name, if any Cooper University Hospital  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street Three Cooper Plaza, Suite 316  
City Camden  
State New Jersey ☒ ZIP Code + 4 08105

7. Date entered into:

03 / 28 / 2011

8. Name of person(s) through whom made:

Name Gary Lesneski  
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 [Signature]  
Title President ☒

President  
(If other title, see  
instructions)

14. Signed \_\_\_\_\_  
Title d ☒

Treasurer  
(If other title, see  
instructions)

On 4-2-2012 215-846-2085  
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.):

Verbal agreement to provide consultation and give speeches to employees regarding their rights to organize and collectively bargain. Terms are 187.50 per hour

#### Specific Activities to be Performed

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

a. Nature of activity:

Give speeches and speak to employees regarding their rights to collectively bargain and organize

11.b. Period during which performed:

4/21/11

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name

Organization Labor Relations Institute

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

Street 7850 s. Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Non-professional employees

12.b. Identify subject labor organizations:

United Food Commercial Workers