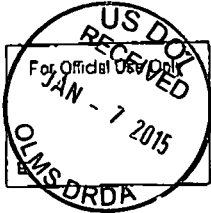


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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. 438 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)

574826

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-

371 421

Person Filing

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

Name **SANFORD RUDNICK**
Title **LABOR CONSULTANT**
Organization **H. SANFORD RUDNICK & ASSOC**
P.O. Box, Bldg., Room No., if any
Street **1200 MT. DIABLO BLVD. S105**
City **WALNUT CREEK, CA 94596**
State **CA.** ZIP Code + 4 **94596**

3. Any other address where records necessary to verify this report are kept:

Name **NO**
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

12/31

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 **CARL WOMACK**
Organization **RESTPADD, INC.**
Trade Name, if any **RESTPADD, INC.**
P.O. Box, Bldg., Room No., if any
Street **2750 EUREKA WAY**
City **REDDING,**
State **CA** ZIP Code + 4 **96001**

7. Date entered into:

12/12/13

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 10 on penalties in the instructions.)

13. Signed

Title President

14. Signed

Title Treasurer

On

03.07.14 (925) 256-0660

Date

Telephone Number

On

03.07.14 925-256-0660

Date

Telephone Number

Filer: SANFORD RUDNICK	File Number C- 371
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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.):

SEE ATTACHED RETAINER

Specific Activities to be Performed

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

a. Nature of activity:

Discussion of NLRB rules and regulations concerning how employees can vote for or against a Union during an election.

11.b. Period during which performed:

2/1/14

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name **CARL WOMACK**

Organization **RESTPADD, INC.**

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

Street **2750 EUREKA WAY**

City **REDDING**

State **CA**

ZIP Code + 4 **96001**

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:

MENTAL HEALTH TECHNICIANS

12.b. Identify subject labor organizations:

TEAM STARS 137