Agreement and Activities heport

U.S. Depar. int of Labor

Office of Labor-Management Standards



OMB No. 1214-0001 This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440. 02/29/93 Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 1. Name and maling address (include ZIP code): 2. Any other address where records necessary to verify this report are kept: The American consulting Group, Inc. 3185 Airway Ave. Ste. J. Costa Mesa, CA. 92626 4. Type of person: 3. Date fiscal year ends: c. D Corporation d. C Other (Spedify): a. Individual b. Parmership 12/31/03 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Providence St. Joseph's Hospital 501 S Buena Vista Ongoing since July 2002 7. Names of persons through whom made: Nancy Kubin Burbank CA 91505 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. A To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. To supply and 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. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Employed on a per diem basis during the fiscal year by the employer listed in No. 5 above There is no written formal agreement, so none is included. C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

- a. Nature of activity: Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information only when management was unable to do so.
 - b. Peroid during which performed: c. Extent performed: January 2003 d. Nam, es and addresses of persons through whom performed: Ken Leever Address same as #1 above



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

SETU Local 399, Caregivers Healthcare Employees Union (CHEU), withdrews hospital technical and service units.

	information in/this report est of his knowledge ar			herein or referred to in this re	port, has been exa	amined by him and is,
Signed:			CEO President	Signed:	1	President Treasurer
(If other title, cross out and write in correct title above.)				(If other title, cross out and write in correct title above.)		
	City	State	Date	City	State	Date
at:	Costa Mesa	CA	on: 1305	at: Costa Mesa	CA	on:
regarding	g existing data sources, ga this burden estimate or	athering and maintaining any other aspect of this o	the data needed, and collection of informati	e 20 minutes per response, inc completing and reviewing the on, including suggestions for re nue, N.W., Wash., D.C. 20210; an	collection of information ducing this burden.	tion. Send comments to the Office of Labor

D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law,

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Required of Persons, including Lab Under Section 203(b) of the Labor-	or Relations Consultar Management Reportin	nts and Other Individ ag and Disclosure Ad	uals and Organizations, t of 1959, as amended (LMRDA).	File No. C. 367
A. Person Filing				
1. Name and maling address (incluing The American consulting the American cons	ng Group, Inc.		ther address where records nece	essary to verify this report are kept
3185 Airway Ave. Ste. Costa Mesa, CA. 92626				
3. Date fiscal year ends:	4. Type of person:		hi	C 04 (04/6-)
12/31/03	a. 🗆 Individua	b. \square Partners	hip c. 🗷 Corporation d.	□ Other (Spedity):
B. Nature of Agreement or Arra	angement		1	
5. Full name and address of empl		e (include ZIP code)		
Eden Medical, Cen			Jan. 2, 2003)
20103 Lake Chabo			7. Names of persons thr	
Castro Valley, CA			Kris Koenio	
8. Check the appropriate box to it	ndicate whether an of	oject of the activities	undertaken, is directly or indirect	tly:
			de employees as to the manner of	or exercising, the right to organize
collectively through rep			se of amployees or a labor organi	ization in connection with a labor
dispute involving such	employer except info	rmation for use sole	ly in conjunction with an adminis	strative or arbitral proceeding or a
criminal or civil judicia		of the transfer and do to	y in sonjandion min an admini	adire of dibital proceeding of a
9. Terms and conditions (Explain Employed on a per die	in detail; see Part B-9 m basis durin	of instructions): g the fiscal	year by the employer	listed in No. 5 above
There is no written f	formal agreeme	nt, so none i	s included.	
C. Specific Activities to be P				
10. For each activity, separately	ist in detail the inform	nation required (See	Part C-10 of instructions):	
a. Nature of activity: Dotos	mino and addr	occ the issue	es: advise client on	their legal rights and
obligations so they	Initie and addi	the Act res	earch publications for	r information regarding
the union: draft came	adir c vidiace	re for client	's approval: meet wi	th employees to provide
information only when				
b. Peroid during which perf		c. Extent performe		
	offiled.	a parton portonio	•	
January 2003				
d. Nam,es and addresses of	of persons through wh	nom performed:		S Rec'd
Clifton Smith				FERA 0.2003
Address same as	#1 above			Q E
That is signe or				WS DRU
11. Identify (a) Subject employee	s, groups of employe	es, and (b) labor or	ganizations:	and the second
	1	01 - 111	-1 destroyed	END DIENES ASSOCIATION
SEIL Local 25	o, hospital	Clerical Un	IT, EDEN CLERICAL	EMPLOYEES ASSOCIATION
				cers declares, under penalty of law
that all information in this report,	including all attachm	ents incorporated th	erein or referred to in this report,	has been examined by him and is,
to the best of his knowledge and	bellet, true, correct,		00	/
Signed:		CEO	Signed:	President
(If other title, cross out and write	in correct title shove	President	(If other title, cross out and write	in correct title above)
City	_	Date/ /		
at: Costa Mesa	State	11127	at: Costa Mesa	State Date
Public reporting burden for this coll	-/ \	estimated to average		
searching existing data sources, gath	nering and maintaining	the data needed, and	completing and reviewing the collect	the time for reviewing instructions tion of information. Send comments g this burden, to the Office of Labor
Management Standards, Department	of Labor, Room N5625,	200 Constitution Avenu	ie, N.W., Wash., D.C. 20210; and to the	he Office of Management and Budget.
Paperwork Reduction Project (1214-0	001), Wash., D.C. 20503	5.		