

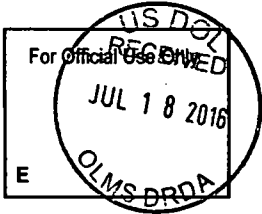
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# AGREEMENT AND ACTIVITIES REPORT

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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)

Group

625466

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number. C 66231

## Person Filing

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

Name Patrick OMara

Title President

Organization OMara & Associates, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2624

Street

City Novato

State California

ZIP Code + 4 94948

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

Name

Title

Organization

P.O. Box, Bldg., Room No., if any A97

Street 130 Landing Court

City Novato

State California

ZIP Code + 4 94945

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. Individual b. Partnership c. Corporation d. ☒ Other (Specify): LLC

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Ribka Fox

Organization Quest Diagnostics, Inc.

Trade Name, if any

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

Street 8401 Fallbrook

City West Hills

State California

ZIP Code + 4 80021

7. Date entered into:

1 / 12 / 2016

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

Name Ribka Fox

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 in accordance with the instructions in the instructions.)

Not Ready To Sign

Not Ready To Sign

13. Signed

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

Title

Stamp

Delete

On 7/02/2016

Date

Telephone Number

On

Date

Telephone Number

Clear Signatures

608

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.):

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

#### Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively

11.b. Period during which performed:  
Various Days Beginning 1/12/16

11.c. Extent performed:  
Ongoing

11.d. Name and address through whom performed:

Name

Organization BJC Associates, Inc

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

Street 10108 Fehlberg Ct

City St. John

State Indiana ZIP Code + 4 46373

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:

Phlebotomists and Clerks

12.b. Identify subject labor organizations:

UFCW