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# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

622355

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

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.

1. File Number: C- 00681

### Person Filing

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

Name Juan M Cruz

Title CEO

Organization Reconnect Labor Relations Consultants

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

Street 29450 Highland Blvd

City Moreno Valley

State California

ZIP Code + 4 92555

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

Name Robert Long

Title CEO

Organization Healthcare Labor Solutions

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

Street 24 Corporate Plaza, Suite 190

City New Port Beach

State California

ZIP Code + 4 92660

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 Monique Moniz

Organization Sutter Medical Center, Sacramento Ca.

Trade Name, if any Sutter Medical Center

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

Street 2801 Capital Ave

City Sacramento

State California

ZIP Code + 4 95816

7. Date entered into:

3 / 21 / 2016

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 VII on penalties in the instructions.)

13. Signed

President  
(If other title, see  
instructions)

Title Other (Specify)

CEO

On 5/19/2016

Date

951-413-4402

Telephone Number

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

Date

Telephone Number

540

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.):

No written contract or agreement.

**Specific Activities to be Performed**

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

a. Nature of activity:

Sutter Medical Health Center asked to do a follow-up on an employee survey to better serve its employees.

11.b. Period during which performed:

3-21-2016

11.c. Extent performed:

4-6-2016

11.d. Name and address through whom performed:

Name Robert Lang  
Organization Healthcare Labor Relations  
P.O. Box, Bldg., Room No., if any  
Street 24 Corporate Plaza, suite 190  
City Newport Beach  
State California ZIP Code + 4 92660

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:

All full time and part time employees.

12.b. Identify subject labor organizations:

No Union present.