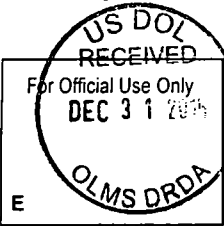


AGREEMENT AND ACTIVITIES REPORT



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)

602545

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66716

Person Filing

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

Name GABRIELLE MATTES

Title CEO

Organization GABRIELLE MATTES & ASSOCIATES

P.O. Box, Bldg., Room No., if any 125

Street 11037 WARNER AVE

City FOUNTAIN VALLEY

State California ZIP Code + 4 92708

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 / 2014

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 PATTY LEPE

Organization PARKVIEW COMMUNITY HOSPITAL

Trade Name, if any

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

Street 3865 JACKSON ST

City RIVERSIDE

State California ZIP Code + 4 92503

7. Date entered into:

2 / 18 / 2014

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

Name LUPE CRUZ

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

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/16/15 714-269-4836
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.):

NO AGREEMENT SIGNED

Specific Activities to be Performed

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

a. Nature of activity:

TO INFORM EMPLOYEES OF THEIR SEC 7 RIGHTS AND ANSWER QUESTIONS REGARDING COLLECTIVE BARGAINING

11.b. Period during which performed:
FEBRUARY 18, 2014

11.c. Extent performed:
ON GOING

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State ZIP Code + 4

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:

POTENTIAL BARGAINING UNIT EMPLOYEES

12.b. Identify subject labor organizations:

SEIU WEST

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