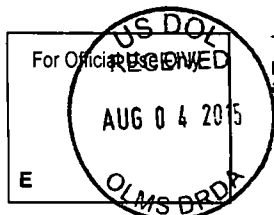


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT



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)

596105

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 759

Person Filing

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

Name Penelope Familusi Jackson

Title President

Organization PJF Consulting Services

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

Street 300 Riverfront Drive, Suite 21a

City detroit

State Michigan ZIP Code + 4 48226

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 3858 Yorkshire Road

City Detroit

State Michigan ZIP Code + 4 8224

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 Debbie Ortega

Organization Huntington Hospital

Trade Name, if any

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

Street 100 West California Blvd.

City Pasadena

State California ZIP Code + 4 91105

7. Date entered into:

3 / 20 / 2015

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

Name Debbie Ortega

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 4/3/15

Date

602-820-2611

Telephone Number

On 4/3/15

Date

602-820-2611

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.):

The company was employed on a per hour basis pursuant to an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

To conduct meetings with employees for the purpose of discussing their right to organize; right to refrain from organizing; and the right to bargain collectively.

11.b. Period during which performed:
near completion

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Penelope Familusi Jackson

Organization PJF Consulting Services

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

Street 300 Riverfront Drive, Suite 21A

City Detroit

State Michigan

ZIP Code + 4 48226

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:

Registered Nurses

12.b. Identify subject labor organizations:

California Nurses Association