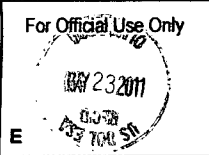


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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.

459905

1. File Number: C- 737

## Person Filing

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

Name Kerri J Cooper

Title Principal

Organization Solutioncy

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

Street 2729 NW Havre Court

City Bend

State Oregon

ZIP Code + 4 97701

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 / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Sole proprietorship

## Nature of Agreement or Arrangement

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

Name William Leopardi

Organization Cruz & Associates

Trade Name, if any

P.O. Box, Bldg., Room No., if any P.O. Box 1831

Street

City Upland

State California

ZIP Code + 4 91785

7. Date entered into:

8 / 1 / 2009

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 Kerri J Cooper  
Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed \_\_\_\_\_  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On May 13, 2011

Date

541-508-9666

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.):

#### Specific Activities to be Performed

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

a. Nature of activity:

Consulting services focused on teambuilding for the Respiratory Care department at Eisenhower Medical Center, including the use of assessments, training on improving communication skills and leadership skills.

11.b. Period during which performed:

8/1/2009 - 12/31/2009

11.c. Extent performed:

Project completed

11.d. Name and address through whom performed:

Name Kerri J Cooper

Organization Solutioncy

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

Street 2729 NW Havre Court

City Bend

State Oregon ZIP Code + 4 97701

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:

12.b. Identify subject labor organizations:



May 13, 2011

U.S. Department of Labor  
Office of Labor-Management Standards  
200 Constitution Avenue NW, Room N-5616  
Washington, DC 20210

Re: Letter dated April 18, 2011, LM-20

Enclosed please find a completed Form LM-20 for the work I completed with Cruz & Associates/Eisenhower Medical Center in 2009, even though I do not think it is an appropriate form for me to complete.

In 2009, as a subcontractor to Cruz & Associates, I conducted a teambuilding intervention at Eisenhower Medical Center, pursuant to a Gallup employee engagement survey that indicated there were some communication issues in a particular department. The work was not related in any manner to union organizing or collective bargaining. I have never been involved in any aspect of the union avoidance activities of Cruz & Associates.

If you would like further information, please contact Bill Leopardi, President of Cruz & Associates, 949-637-3207.

Sincerely,

A handwritten signature in black ink that reads "Kerri Jo Cooper".

Kerri Jo Cooper  
2729 NW Havre Court  
Bend, OR 97701