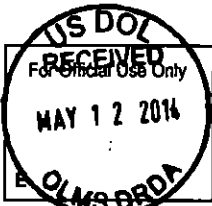


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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)

356478
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65831

Person Filing

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

Name

Title

Organization Pacific Labor Relations

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

Street 8086 South Yale Avenue Suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 / 13

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

Organization College Hospital Costa Mesa

Trade Name, if any

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

Street 301 Victoria Street

City Costa Mesa

State California

ZIP Code + 4 92627

7. Date entered into:

1 / 25 / 2013

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

Name Ms. Susan Taylor

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 01/02/2014

Date

800.555.7509

Telephone Number

On 01/2/2014

Date

800.555.7509

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.):

See attached agreement

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 01/25/2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Simon Ruiz Jara

Organization Pinnacle Labor Solutions

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

Street 10380 Rochelle Avenue

City Santee

State California ZIP Code + 4 92071

Additional Name and address through whom performed, if any:

Name Charles R Stephenson

Organization CRS Labor Relations Solutions

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

Street 1500 East Katella Avenue Suite M

City Orange

State California ZIP Code + 4 92867

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit.

12.b. Identify subject labor organizations:

Service Employees International Union (SEIU)
Local

Filer: Pacific Labor Relations	File Number C- 65831
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 01/25/2013</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Christian Blaine Teague</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Avenue Suite 225</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Evelyn Diaz Fragoso</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2700 Court Leigh Drive</p> <p>City Bakersfield</p> <p>State California ZIP Code + 4 93309</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization Pacific Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8086 South Yale Avenue Suite 225</p> <p>City Tulsa</p> <p>State Oklahoma ZIP Code + 4 74136</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit.</p>	<p>12.b. Identify subject labor organizations:</p> <p>Service Employees International Union (SEIU) Local</p>