

FORM LM-20  
AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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. 438 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:

545613

1. File Number: C- 421

<b>Person Filing</b>		<b>3. Any other address where records necessary to verify this report are kept:</b>	
<b>2. Name and mailing address (include ZIP Code):</b>		Name NO	
Name SANFORD RUDNICK		Title	
Title LABOR CONSULTANT		Organization	
Organization H. SANFORD RUDNICK & ASSOC		P.O. Box, Bldg., Room No., If any	
P.O. Box, Bldg., Room No., If any		Street	
Street 1200 MT. DIABLO BLVD. S105		City	
City WALNUT CREEK, CA 94596		State	
State CA. ZIP Code + 4 94596		ZIP Code + 4	
<b>4. Date fiscal year ends:</b> 12/31		<b>5. Type of person:</b>	
		a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

<b>Nature of Agreement or Arrangement</b>		<b>7. Date entered into:</b> 12/12/13	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b>		<b>8. Name of person(s) through whom made:</b>	
Name CARL WOMACK		Name	
Organization RESTPADD, INC.		Name	
Trade Name, If any RESTPADD, INC.		Name	
P.O. Box, Bldg., Room No., If any		Name	
Street 2750 EUREKA WAY		Name	
City REDDING,		Name	
State CA ZIP Code + 4 96001		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 IV on penalties in the instructions.)

<b>13. Signed:</b>	<b>14. Signed:</b>
Title President	Title Treasurer

On 03.07.14 (925) 256-0660 On 03.07.14 925-256-0660

Date Telephone Number Date Telephone Number

Filer: <b>SANFORD RUDNICK</b>	File Number C- <b>371</b>
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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 RETAINER**

**Specific Activities to be Performed**

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

a. Nature of activity:

**Discussion of NLRB rules and regulations concerning how employees can vote for or against a Union during an election.**

11.b. Period during which performed:

**2/11/14**

11.c. Extent performed:

**COMPLETED**

11.d. Name and address through whom performed:

Name **CARL WOMACK**  
 Organization **RESTPADD, INC.**

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

Street **2750 EUREKA WAY**

City **REDDING**

State **CA**

ZIP Code + 4 **96001**

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:

**MENTAL HEALTH TECHNICIANS**

12.b. Identify subject labor organizations:

**TEAM STRS 137**