

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
02/29/93

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).

File No. C. 367

A. Person Filing

1. Name and mailing address (include ZIP code): The American consulting Group, Inc. 3185 Airway Ave. Ste. J. Costa Mesa, CA. 92626		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12/31/03	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Providence St. Joseph's Hospital 501 S Buena Vista Burbank CA 91505		6. Date entered into: Ongoing since July 2002	
		7. Names of persons through whom made: Nancy Rubin	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and 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.			

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Employed on a per diem basis during the fiscal year by the employer listed in No. 5 above

There is no written formal agreement, so none is included.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information only when management was unable to do so.		
b. Period during which performed: January 2003	c. Extent performed:	
d. Names and addresses of persons through whom performed: Ken Leever Address same as #1 above		



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

SEIU Local 399, Caregivers Healthcare Employees Union (CHEU),
hospital technical and service units. (withdrawn)

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.) City: Costa Mesa State: CA Date: 1/3/03 at: on: 1/3/03	Signed: (If other title, cross out and write in correct title above.) City: Costa Mesa State: CA Date: on: at: on:
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Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

Form LM-20
(Feb. 1990)

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A. Person Filing

1. Name and mailing address (include ZIP code): The American consulting Group, Inc. 3185 Airway Ave. Ste. J. Costa Mesa, CA. 92626	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12/31/03	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

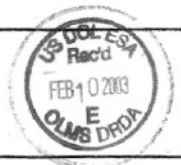
5. Full name and address of employer with whom made (include ZIP code): Eden Medical Center 20103 Lake Chabot Road Castro Valley, CA 94546	6. Date entered into: Jan. 2, 2003
7. Names of persons through whom made: Kris Koenig	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or persuade employees as to the manner or exercising, the right to organize collectively through representatives of their own choosing. b. <input type="checkbox"/> To supply and 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.	

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a. Nature of activity: Determine and address the issues; advise client on their legal rights and obligations so they don't violate the Act; research publications for information regarding the union; draft campaign literature for client's approval; meet with employees to provide information only when management was unable to do so.		
b. Period during which performed: January 2003	c. Extent performed:	
d. Names and addresses of persons through whom performed: Clifton Smith Address same as #1 above		



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

SEIU Local 250, hospital Clerical Unit, EDEN CLERICAL EMPLOYEES ASSOCIATION

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.) City: Costa Mesa State: CA Date on: 1/4/03 at: on: 1/4/03	Signed: (If other title, cross out and write in correct title above.) City: Costa Mesa State: CA Date on: 1/4/03 at: on: 1/4/03
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