U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c - 05234	
Person Filing William Hunera 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization WPSC GROUP	Organization
P.O. Box, Ɓ∵g., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7927 Saddle Run	Street
city Selma	City
State 7 ZIP Code + 4 7 8 1 5 4	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
12/3/// 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):	7. Date entered into:
Name American River Center	7/2//8012
Organization	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 3900 Eardield Ave	Name
city Canmichael	Name
State Ca ZIP Code + 4 95608	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) on penalties in the instructions.)	
In a solution of the instructions.	
13. Signed / / President (If other title, see	14. Signed Treasurer
Propiedent instructions)	(If other title, see instructions)
Title	Title Treasurer
The last and a second	
On 5/3//15 281-550-8563	On Telephone Number
Daté Telephone Number	Date Telephone Number

Filer:	File Number C-	
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.):		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
a. Nature of activity: Meeting nith Management Employee Meetings on NLRA		
Employee Meetings on NLRA		
11.b. Period during which performed:	11.c. Extent performed:	
4/27/2015 to 5/10/2015		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name FAS Dr. Flores	Name	
Organization ERS International	Organization .	
P.O. Box, Bldg., Room No., if any 18122	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Ana Lein Hills	City	
State (G ZIP Code + 4 9 2 8 17 - 9 9 9 8	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
CNALO	C = C = C = C = C = C = C = C = C = C =	
	SEIV	
	United Long Term Care Workers	
	Local 6434	