

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

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.

465176

1. File Number: C- 00664

Person Filing

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

Name EDWARD M ECHANIQUE

Title

Organization Labor Relations Consulting

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

Street 155 BAY LAUREL DRIVE

City MOORESVILLE

State North Carolina ZIP Code + 4 28115

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 / 08

5. Type of person:

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):

Name Anne Platt

Organization Sutter Amador Medical Center

Trade Name, if any

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

Street 200 Mission Blvd.

City Jackson

State California ZIP Code + 4 95642

7. Date entered into:

11 / 8 / 2008

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

Name

Name

Name

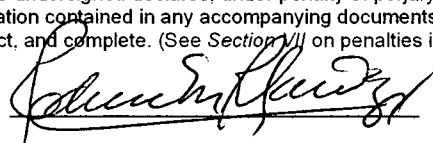
Name

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.)

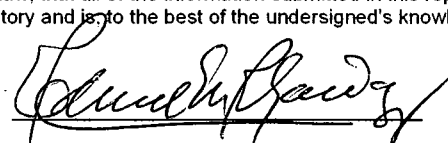
13. Signed



President
(If other title, see instructions)

Title President

14. Signed



Treasurer
(If other title, see instructions)

Title Treasurer

On 08/06/2011 951-265-5584

Date

Telephone Number

On 08/06/2011 951-265-5584

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.):

All services describe in section 11a. below shall be performed for a fee of \$175.00 per hour plus expenses. Expenses in connection with the performance of such service such as travel, accomodations, copies, telephone long distance, etc., will be reimbursed at actual cost.

Specific Activities to be Performed

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

a. Nature of activity:

Edward Echanique was retained to assist the employer named above in communications with its employees with regards to the manner in which they exercise their rights to organize and bargain collectively. Conducted meetings with employees and in commucations in wirting durignthe period immediately prior to the representation election.

11.b. Period during which performed:

11/08/2008 - 12/16/2008

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Technical and Ancillary employees represented by SEIU

12.b. Identify subject labor organizations:

SEIU