

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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.

507580

1. File Number: C- 00742

### Person Filing

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

Name William D Leopardi

Title Sole Proprietor

Organization Labor Labor Solutions

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

Street 28161 Haria

City Mission Viejo

State California

ZIP Code + 4 92692

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

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 Susan M Childers

Organization Mee Memorial Hospital

Trade Name, if any

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

Street 300 Canal Street

City King City

State California

ZIP Code + 4 93930

7. Date entered into:

10 / 25 / 2012

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 William D. Leopardi President  
(If other title, see instructions)

Title Sole Proprietor

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title \_\_\_\_\_

On 10/25/2012 9494578087

Date

Telephone Number

On \_\_\_\_\_

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.):

Paid hourly. Reasonable and customary travel expenses reimbursed.

#### Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees to explain their rights under the NLRA prior to NLRB election. Provide information and answer questions about collective bargaining.

11.b. Period during which performed:

October 25 to November 16, 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John de Groot

Organization de Groot & Associates

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

Street 2742 Rollo Road

City Santa Rosa

State California ZIP Code + 4 95404

Additional Name and address through whom performed, if any:

Name Carlos Ortiz

Organization

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

Street 7426 Cherry Avenue, Suite 210-106

City Fontana

State California ZIP Code + 4 92336

12.a. Identify subject groups of employees:

Non-professional employees

12.b. Identify subject labor organizations:

NUHW