

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



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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.

459107

1. File Number: C- 670

Person Filing

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

Name PATRICK O'MARA

Title PRINCIPAL

Organization O'MARA & ASSOC. LLC

P.O. Box, Bldg., Room No., if any P.O. BOX 2024

Street

City NOVATO

State CA

ZIP Code + 4 94948

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 130 Landing Ct

City NOVATO

State CA

ZIP Code + 4 94945

4. Date fiscal year ends:

12/11

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name GARY LEWIS

Organization COOPER Health System

Trade Name, if any

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

Street 3 COOPER PLAZA, #310

City CAMDEN

State NJ

ZIP Code + 4 08103

7. Date entered into:

3/28/11

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

4/26/11

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.):

Verbal agreement to provide consultation and give speeches to employees about exercising their rights to organize and bargain collectively.

Specific Activities to be Performed

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

- a. Nature of activity: To provide consultation and to give speeches to employees regarding their right to organize & bargain collectively

11.b. Period during which performed:

Various days beg. 3/30/11

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization **LRI Consulting Services, Inc.**

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

Street **7850 S. ELM PLACE**City **Broken Arrow**State **OK** ZIP Code + 4 **74011**

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:

NON PROFESSIONAL EE'S

12.b. Identify subject labor organizations:

UFLW