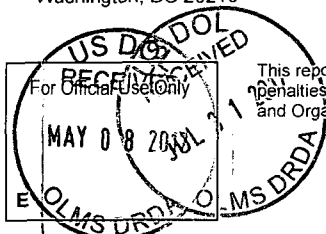


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

501636

1. File Number: c. 531

Person Filing

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

Name MICHAEL O'DONNELL

Title PRESIDENT

Organization PINNACLE ORG SERV.

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

Street 3103 E. HAZELWOOD

City PHX

State AZ

ZIP Code + 4 85019

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:

12/31

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 DAVID GREEN

Organization EL CENTRO REG MED CTR.

Trade Name, if any

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

Street 1415 ROSS AVENUE

City EL CENTRO

State CA

ZIP Code + 4

92243-4398

7. Date entered into:

4/1/2012

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

President
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On

April 30 2012

Date

602-790-3414

Telephone Number

Date

Telephone Number

Filer: O'DONNELL - POS

File Number C- 531

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 PLUS EXPENSES

Specific Activities to be Performed

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

a. Nature of activity:

MET WITH RN STAFF TO EXPLAIN RESOLUTION #11-17
REGARDING MEET & CONFER PROGRESS AS OUTLINED
IN CAL'S MYER, MILIAS BROWN ACT.

11.b. Period during which performed:

5-2-2012 to 5-17-2012

11.c. Extent performed:

ON-GOING

11.d. Name and address through whom performed:

Name MICHAEL O'DONNELL

Organization POS

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

Street 8103 E. HAZELWOOD

City PHX

State AZ

ZIP Code + 4 85016

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:

RN'S

12.b. Identify subject labor organizations:

CNA

IBT