

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.

1. File Number: C- 723

Person Filing

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

Name Bill E Michaelis

Title Consultant

Organization

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

Street 6930 Parsons Trail

City Tujunga

State California

ZIP Code + 4 91042

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 / 10

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 Sharon Z Ginchansky

Organization Country Villa Health Srvcs.-Monte Vista

Trade Name, if any

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

Street 5120 West Goldleaf Circle, Ste 400

City Los Angeles

State California

ZIP Code + 4 90056

7. Date entered into:

6 / 25 / 2010

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

Name Lupe Cruz

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

Bill Michaelis

President
(If other title, see
instructions)

Title ~~President~~ SOLE PROPRIETOR

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 5/3/2012

Date

818-399-6725

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. 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:

Provide information on what employees said they feel are the aspects of their employment that can be improved and which are positives, by holding small group meetings with employees to gather this input related to their particular facility, management, working conditions and the employer in general.

11.b. Period during which performed:

July 1 to present

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 1831

Street

City Upland

State California

ZIP Code + 4 91785

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:

All employees in facility.

12.b. Identify subject labor organizations: