

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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.

1. File Number: C- 00464

338764

Person Filing

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

Name Marta De los Rios

Title Office Manager

Organization Labor Information Services, Inc.

P.O. Box, Bldg., Room No., if any PO Box 6063

Street

City Malibu

State California

ZIP Code + 4 90265

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 / 7

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 Allen Weiss

Organization NCH Healthcare System

Trade Name, if any

P.O. Box, Bldg., Room No., if any PO Box 413029

Street

City Naples

State Florida

ZIP Code + 4 34101

7. Date entered into:

10 / 29 / 2007

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

Name Allen Weiss

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 Other (Specify)

Office Manager

On 10/14/2007

Date

310-589-5225

Telephone Number

On 10/14/2007

Date

310-589-5225

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.):

Starting 10/29/07 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

Specific Activities to be Performed

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

a. Nature of activity:

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:

10/29/07 until end of assignment

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Nora Boczar
Organization Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any PO Box 6063
Street
City Malibu
State California ZIP Code + 4 90264

Additional Name and address through whom performed, if any:

Name Penne Familusi
Organization Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any PO Box 6063
Street
City Malibu
State California ZIP Code + 4 90264

12.a. Identify subject groups of employees:

All voting employees in the bargaining unit.

12.b. Identify subject labor organizations: