

## AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

NOV 17 2014

OLMS DRDA

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.

573027

1. File Number: C- 776

## Person Filing

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

Name Simon Jara

Title

Organization Pinnacle Labor Solutions

P.O. Box, Bldg., Room No., if any P.O. Box 710 158

Street

City SANTEE

State California

ZIP Code + 4 92071

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

Organization Waterview Hills Rehabilitation

Trade Name, if any

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

Street 537-539 Route 22

City Purdys

State New York

ZIP Code + 4 10578

7. Date entered into:

4 / 2 / 2012

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

Name Lizer Jozefovic

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

10.28.14

Date

619-599-6841

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:  
various days beginning 4/9/12

11.c. Extent performed:  
Fully Performed

11.d. Name and address through whom performed:

Name Simon Jara  
Organization Pinnacle Labor Solutions  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State California ZIP Code + 4

Additional Name and address through whom performed, if any:

Name  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City Santee  
State ZIP Code + 4

12.a. Identify subject groups of employees:  
CNA's

12.b. Identify subject labor organizations:  
SEIU United Healthcare Workers East