

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)

575689

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- ~~00530~~ 66211

Person Filing

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

Name Gerri Ransom

Title Consultant

Organization

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

Street 8860 S. Hooper Ave.

City Los Angeles

State California ZIP Code + 4 90002

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 / 14

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 Matt McElrath

Organization USC-Verdugo Hills Hospital

Trade Name, if any

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

Street 1510 San Pablo St, #600

City Los Angeles

State California ZIP Code + 4 90033

7. Date entered into:

11 / 18 / 2014

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

Gerri Ransom

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/18/2014

Date

323-528-1399

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.):

Retained for services , November 18th thru December 12th, 2014.

Specific Activities to be Performed

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

a. Nature of activity:

Advised employees of their Section 7 right under the NLRA, risk and obligation as a result of collective bargaining, answered questions regarding the process.

11.b. Period during which performed:

11-18-2014 to 12-12-2014

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name John DeGroot

Organization CounterPoint

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

Street P.O. Box 1176

City Glen Ellen

State California ZIP Code + 4 95442-1176

Additional Name and address through whom performed, if any:

Name Gerri Ransom

Organization

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

Street 8860 S. Hooper Ave.

City Los Angeles

State California ZIP Code + 4 90002

12.a. Identify subject groups of employees:

31-RC- 140136 eligible employees

12.b. Identify subject labor organizations:

UHW