

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.

468522

1. File Number: C- 00707

Person Filing

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

Name Mary L Holden

Title Consultant

Organization Mary L Holden HR/ER Consultant

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

Street 1090 Willow Grove Ct

City Rochester Hills

State Michigan ZIP Code + 4 48307

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:

Mar / 12

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 Gary Lesneski

Organization Cooper Health System

Trade Name, if any Cooper University Hospital

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

Street Three Cooper Plaza, Suite 316

City Camden

State New Jersey ZIP Code + 4 08103

7. Date entered into:

3 / 28 / 2011

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

Name Gary Lesneski

Name

Name

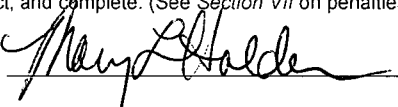
Name

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


Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 05/04/2011 248 459 5700

Date

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 with Labor Relations Institute at \$1500 a day plus reasonable traveling expenses

Specific Activities to be Performed

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

a. Nature of activity:

Engaged 3/28/2011 to communicate to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 3/29/2011

11.c. Extent performed:

9 working days

11.d. Name and address through whom performed:

Name Phillip Wilson

Organization Labor Relations Institute, Inc.

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

Street 7850 South Elm Place Suite E

City Broken Arrow

State Oklahoma ZIP Code + 4 74011

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:

non professional employees

12.b. Identify subject labor organizations:

United Food and Commercial Workers