

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-267, 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.

539137

1. File Number: C-00531

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>MICHAEL O'DONNELL</u> Title <u>PRES</u> Organization <u>PINNACLE ORG.</u> P.O. Box, Bldg., Room No., if any Street <u>3103 E. HAZELWOOD</u> City <u>PHX</u> State <u>AZ</u> ZIP Code + 4 <u>85016</u>	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: <u>12/31</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <u>DAVID GREEN</u> Organization <u>EL CENTRO REG. MED. CTR.</u> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <u>1415 ROSS AVE.</u> City <u>EL CENTRO</u> State <u>CA.</u> ZIP Code + 4 <u>92243-4398</u>	7. Date entered into: <u>4/1/12</u> 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 <u>[Signature]</u> Title <u>President</u> On <u>1/3/14</u> Date <u>602-790-3444</u> Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
--	---

Filer: PINNACLE ORG. SUSC

File Number C- 00531

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.):

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:

MEET WITH RN'S - EXPLAIN LABOUR RELATIONS  
RESOLUTION # 11-17 AND ANSWER QUESTIONS  
REGARDING MEET & CONFER PROCESS AS OUTLINED  
IN CAL. STATE LAW - MYER WILLIAMS BROWN ACT.

11.b. Period during which performed:

5-2-12 TO 5-5-12

11.c. Extent performed:

ON-GOING

11.d. Name and address through whom performed:

Name WILLIAM LEOPARDI

Organization LLS

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

Street 38161 HARBOR

City MISSION VIEJO

State CA

ZIP Code + 4 92692

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:

12.b. Identify subject labor organizations:

CNA  
IBT