

# 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.

572960

1. File Number: C- 00755

### Person Filing

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

Name Robert Long

Title President

Organization Healthcare Labor Solutions

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

Street 27762 Antonio Parkway L1-645

City Ladera Ranch

State California ZIP Code + 4 92694

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 Jay Sharma

Organization Sutter Health

Trade Name, if any

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

Street 2200 River Plaza Dr., #349

City Sacramento

State California ZIP Code + 4 95833

7. Date entered into:

9 / 21 / 2014

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

Name Robert Long

Name

Name

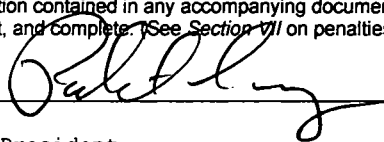
Name

Name

### Signatures

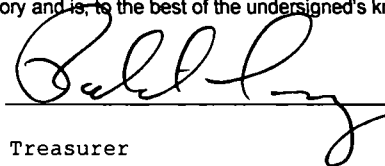
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

  
Title President

President  
(If other title, see  
instructions)

14. Signed

  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 11/4/2014

Date

877-424-9799

Telephone Number

On 11/4/2014

Date

877-424-9799

Telephone Number

|  |                      |
|--|----------------------|
| Filer: Robert Long      Healthcare Labor Solutions | File Number C- 00755 |
|--|----------------------|

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.):

All services described in Section 11a below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accomodations, copies, telephone, etc. will be reimbursed to Healthcare Labor Solutions at actual cost.

| Specific Activities to be Performed   |  |
|---|--|
| <p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Healthcare Labor Solutions has been retained to assist the employer named above in communications with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in written communications and in conducting meetings with employees during this period.</p> |  |
| <p>11.b. Period during which performed:</p> <p>9/23/2014</p>  | <p>11.c. Extent performed:</p> <p>10/29/2014</p>   |
| <p>11.d. Name and address through whom performed:</p> <p>Name    Penne                      Familusi</p> <p>Organization    Healthcare Labor Solutions</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street    27762 Antonio Parkway Ll-645</p> <p>City    Ladera Ranch</p> <p>State    California                      ZIP Code + 4    92694</p>   | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                                      ZIP Code + 4</p> |
| <p>12.a. Identify subject groups of employees:</p> <p>Lab Employees</p>   | <p>12.b. Identify subject labor organizations:</p> <p>Service Employees International Union</p>  |