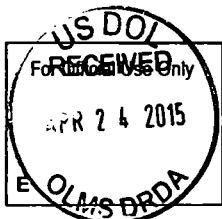


FORM LM-20

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. 88-257, 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)

591802

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 1745

Person Filing

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

Name Ernesto Zuniga
Title
Organization
P.O. Box, Bldg., Room No., if any
Street 422 East Florence Avenue
City West Covina
State California ZIP Code + 4 91790

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 Eric Krueger
Organization Mercy Hospital and Medical Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2525 S. Michigan Avenue
City Chicago
State Illinois ZIP Code + 4 60616

7. Date entered into:

1 / 2 / 2015

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

Ernesto Zuniga

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

On

4/15/15
Date

Telephone Number

On

Date

Telephone Number

Filer: Ernesto Zuniga

File Number C-

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.):

To educate employees of their rights under the National Labor Relations Act and to truthfully inform employees of the possible down-sides to unionization.

Specific Activities to be Performed

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

a. Nature of activity:

Ernesto Zuniga made him self available to employees at Mercy Hosptial in Chicago, IL to answer questions about unionization and collective bargaining.

11.b. Period during which performed:

January 6th and 7th, 2015

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Ernesto Zuniga

Organization

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

Street 422 East Florence Avenue

City West Covina

State California

ZIP Code + 4 91790

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:

Engineering and maintenance employees

12.b. Identify subject labor organizations:

Operating Engineers, Local 399

4/15/15

RE: Mercy Hospital and Medical Center

To whom it may concern:

Please find attached the required disclosure forms for consulting (form LM-20) for my engagement with Mercy Hospital and Medical Center.

If you have any questions regarding this material please don't hesitate to contact me at (562) 299-3085

Thank you

Sincerely, Ernesto Zuniga

422 E. Florence Ave
West Covina, CA 91790