U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



1. File Number:

**Person Filing** 

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.

2. Name and mailing address (include	ZIP Code):	2 Any other address wh			
Name Educado R. Padilla  Title Owner  Organization Epa Consulting  P.O. Box, Bldg., Room No., if any  Street 3620 Longartus Ln		Name	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		
		Title			
		P.O. Box, Bldg., Room No			
		and the second second			
City Bonita		City			
State California	ZIP Code + 4 9402	State	ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:				
Dec/ 31	a. Individual b. Partner	ship c. Corporation d	Other (Specify)		
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Nature of Agreement or Arrangeme	int a material and a contract of	Office and the second second second	one consequence and consequence		
Name	with whom made (include ZIP Code):	7. Date entered into:	08/61 /2011		
Organization Santa Anita	Convalescent Itap	8. Name of person(s) throu	gh whom made:		
Frade Name, if any	tacan trop	Name Lupe Cr			
P.O. Box, Bldg., Room No., if any		Name			
Street 5522 Gracew	ml de	Name			
city Arcadia		1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
State CA ZIP Code + 4 9/007		Name	Name		
CA	21 Code + 4 7/00 F	Name			
	S	ignatures			
Each of the undersigned declares, und he information contained in any accor- rue, correct, and complete. (See Sect.	der penalty of perjury and other applic npanying documents) has been exam- ion VII on penalties in the instructions	able penalties of law, that all of the ined by the signatory and is, to the ined by the signatory and is, to the inequality.	e information submitted in this report (including e best of the undersigned's knowledge and belief,		
3. Signed	President (If other title, see	14. Signed	Treasurer		
Title President	(If other title, see instructions)	Title Treasurer	(If other title, see instructions)		
on 6-30-14 6	19-518-1422	On			
Date	Telephone Number	Date	Telephone Number		
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Filer: Educado R. Padille	File Number C-
9. Check the appropriate box to indicate whether an object of the activities u	undertaken, is directly or indirectly:
a. To persuade employees to eversise or not to eversing or persuade	
collectively through representatives of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of	of employees or a labor organization in connection with a labor dispute involving
such employer, except information for use solely in conjunction w	of employees or a labor organization in connection with a labor dispute involving with an administrative or arbitral proceeding or a criminal or civil judicial proceeding
0. Terms and conditions (Explain in detail; see instructions. Written agreem	ents must be attached.):
Hourly Rate plus reimbursed e	
the plant plant I amounted C	Menses
Specific Activities to be Performed	
And the state of t	
11. For each activity, separately list in detail the information required (See inc.	trustions):
11. For each activity, separately list in detail the information required (See inst a. Nature of activity:	tructions):
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a. Nature of activity:  Mech with Manager, supervisors, one  1.b. Period during which performed:  Mean and address through whom performed:  Jame Edundo R. Paclille  Organization Epe Consulting	11.c. Extent performed:  Additional Name and address through whom performed, if any:  Name  Organization
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a. Nature of activity:  Mech with Manager, supervisors, one  1.b. Period during which performed:  Meaning  1.d. Name and address through whom performed:  Jame Edundo R. Paclille  Organization Epe Consulting  1.0. Box, Bldg., Room No., if any  treet 3620 Longuity La  ity Bon ite	11.c. Extent performed:  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.b. Identify subject labor organizations: