

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

For Official Use Only

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.

1. File Number:

C- 703

463973

### Person Filing

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

Name BYRON J Clay  
Title President  
Organization BJC and Associates, Inc.

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

Street 10108 Fehlbens Ct

City ST John

State IN

ZIP Code + 4 46373

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:

12 / 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  
Organization Cooper University Hospital  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street Three Cooper Plaza, Suite 316  
City Camden  
State NJ  
ZIP Code + 4 08103

7. Date entered into:

6 / 22 / 2011

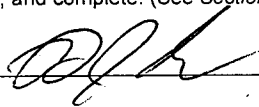
8. Name of person(s) through whom made:

Name Gary Lesneshi  
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



President  
(If other title, see instructions)

Title President

14. Signed



Treasurer  
(If other title, see instructions)

Title Treasurer

On

7 / 11 / 2011 (219) 365-9457

Date

Telephone Number

On

7 / 11 / 2011 (219) 365-9457

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.):

No written agreement. Pre-petition consultation with management. Conduct meetings with employees regarding their rights to organize and bargain collectively. Terms are \$1250 daily plus expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Pre-petition consultation with management. Conduct meetings with employees regarding positive employee relations and their rights to organize.

11.b. Period during which performed:

Various days beginning 6/27/11

11.c. Extent performed:

Partially performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Service, Inc

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

Street 7850 S. Elm Place, Ste E

City Broken Arrow

State OK ZIP Code + 4 7404

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:

Various employees

12.b. Identify subject labor organizations:

Pre-petition