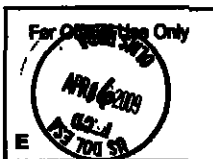


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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- 00618

393783

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Josephine Zamora	Name Josephine Zamora
Title President	Title President
Organization Employee Solutions, Inc.	Organization Employee Solutions, Inc.
P.O. Box, Bldg., Room No., if any P.O. Box 67166	P.O. Box, Bldg., Room No., if any
Street	Street 5108 Cumberland Pl. NW.
City Albuquerque	City Albuquerque
State New Mexico ZIP Code + 4 87193	State New Mexico ZIP Code + 4 87120
4. Date fiscal year ends: Dec / 31	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):	7. Date entered into: 11 / 1 / 2006
Name Edward J Dowling	8. Name of person(s) through whom made:
Organization Yale New Haven Health System	Name Edward J Dowling
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 20 York Street, CB 100	Name
City New Haven	Name
State Connecticut ZIP Code + 4 06504	

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 Josephine Zamora President
(If other title, see instructions)
Title President

On 3/29/09 505-681-8100
Date Telephone Number

14. Signed Josephine Zamora Treasurer
(If other title, see instructions)
Title Other (Specify)
President

On 3/29/09 505-681-8100
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.):

The company was employed on a per hour basis pursuant to an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

To educate Yale New Haven Health System employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.

11.b. Period during which performed:

November and December 2006

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name See Attachment A

Organization

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

Street

City

State

ZIP Code + 4

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:

All employees eligible to be in a bargaining unit

12.b. Identify subject labor organizations:

SEIU

Attachment A - LM-20 - Employee Solutions, Inc.

11.d. Name and address through who performed

About Business, Inc.
Robin Buesching
6483 S Xenophon St.
Littleton, CO 80127-4812

Jeanne B. Schmid Consulting, Inc.
Jeanne B. Schmid
9 Whitpain Drive
Ambler, PA 19002

The Joseph Group
Ted Pilonero
216 Egger Road
Jeffersonville, NY 12748

Susannah J. Squitieri
1015 Buckingham
Grosse Pointe Park, Mi 48230