

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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.

659458

1. File Number: C- 00664

### Person Filing

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

Name Edward M Echanique

Title President

Organization Labor Relations Consultants

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

Street 155 Bay Laurel Drive

City Mooresville

State North Carolina ZIP Code + 4 28115

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 Monique Moniz

Organization Sutter Medical Center Sacramento (SMCS)

Trade Name, if any

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

Street 2825 Capitol Ave.

City Sacramento

State California ZIP Code + 4 95816

7. Date entered into: / /

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

Name

Name

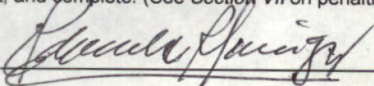
Name

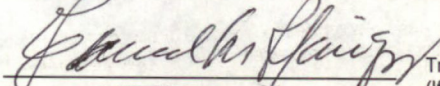
Name

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  President  
(If other title, see instructions)  
Title President

14. Signed  Treasurer  
(If other title, see instructions)  
Title Treasurer

On 12/20/2017 (951) 265-5584  
Date Telephone Number

On 12/20/2017 (951) 265-5584  
Date Telephone Number



Filer:

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.):

All services described in Sec.11(a) below, shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as: Accommodations, meals, copies, travel, etc. shall be reimbursed by the employer.

**Specific Activities to be Performed**

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

a. Nature of activity:

To provide factual and truthful information and provide answer to questions from nurses in the potential bargaining unit via meetings or individually, including employees' rights under Section (7), the process of unionization and collective bargaining.

11.b. Period during which performed:

11/06/2017

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Edward M Echanique

Organization Labor Relations Consultants

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

Street 155 Bay Laurel Drive

City Mooresville

State North Carolina

ZIP Code + 4 28115

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 RN's in the potential bargaining unit.

12.b. Identify subject labor organizations:

California Nurses Association