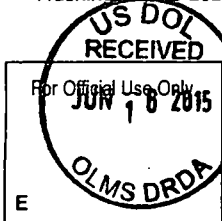


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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



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.

593513

1. File Number: C-723

Person Filing

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

Name Bill Michaelis

Title Consultant

Organization

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

Street 6930 Parsons Trail

City Tujunga

State California

ZIP Code + 4 91042

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 / 14

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 Susan Donker

Organization Sutter Health

Trade Name, if any

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

Street 1200 Scenic Drive, Suite 200

City Modesto

State California

ZIP Code + 4 95350

7. Date entered into:

5 / 21 / 2014

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

Bill Michaelis

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 6/09/2015

Date

818 399 6725

Telephone Number

On

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.):

Hourly rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using NLRB documents.

11.b. Period during which performed:

6/1/2014

11.c. Extent performed:

6/4/2014

11.d. Name and address through whom performed:

Name Robert Long
Organization Healthcare Labor Solutions
P.O. Box, Bldg., Room No., if any
Street 27762 Antonio Parkway Ll-645
City Ladera Ranch
State California ZIP Code + 4 92694

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:

Registered Nurses

12.b. Identify subject labor organizations:

California Nurses
Association

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-723

Person Filing

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

Name Bill Michaelis

Title Consultant

Organization

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

Street 6930 Parsons Trail

City Tujunga

State California

ZIP Code + 4 91042

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 / 14

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 John Heilman

Organization Conway, Irvine

Trade Name, if any

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

Street 20697 Prism Pl.

City Lake Forest

State California

ZIP Code + 4 92630

7. Date entered into:

10 / 27 / 2014

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

Bill Michaelis

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 6/09/2015

Date

818 399 6725

Telephone Number

On

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.):

Hourly rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Associates

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California

ZIP Code + 4 91785

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:

Drivers and Dock Workers

12.b. Identify subject labor organizations:

Teamsters