

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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AUG 03 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)

625489

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 Dr.

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 Rick Paczkowski

Organization Bayview Behavioral Hospital

Trade Name, if any

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

Street 6629 Wooldrige Road

City Corpus Christi

State Texas ZIP Code + 4 78414

7. Date entered into:

04 / 25 / 2016

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

Edward M Echanique

President
(If other title, see instructions)

Title President

14. Signed

Rick Paczkowski

Treasurer
(If other title, see instructions)

Title

On 07/25/2016 951-265-5584
Date Telephone Number

On 07/25/2016 951-265-5584
Date Telephone Number

627

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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.):

Specific Activities to be Performed

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

a. Nature of activity:

To conduct meetings with employees of potential bargaining unit and provide them with factual and truthful information about employees' rights under section (7), the process of unionization and collective bargaining.

11.b. Period during which performed:
04/25/2016

11.c. Extent performed:
on going

11.d. Name and address through whom performed:

Name

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 RN's with direct patient care

12.b. Identify subject labor organizations:

NNOC-Texas