

# 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)

For Official Use Only

RECEIVED  
JAN 14 2013

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

509829

1. File Number.

c- 547

### Person Filing

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

Name

Employee Relations Services Int'l

Title

Organization

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

Street

P O Box 18122

City

Anaheim Hills, CA 92817-9998

State

ZIP Code + 4

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

Lisa Johnson

Organization

St Catherine Healthcare

Trade Name, if any

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

Street

5123 Juan Tabo Blvd N.C.

City

Albuquerque, NM 87111

State

ZIP Code + 4

7. Date entered into:

06 / 07 / 12

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

Theresa Fenz

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

9/1/12

Date

714-998-7199

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 ~~xxx~~ 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.):

Held employee meetings to inform them on their section 7 rights and to answer questions pertaining to unions.

Specific Activities to be Performed

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

a. Nature of activity:

Held meetings with employees, showed videos and informed them on union. Used union documentation for Q & A session.

11.b. Period during which performed:

6/2012

11.d. Name and address through whom performed:

Name Gus Flores  
Organization Emp Relations Services  
P.O. Box, Bldg., Room No., if any  
Street Same as page 1  
City  
State ZIP Code + 4

11.c. Extent performed:

Additional Name and address through whom performed, if any:

Name Carlos Flores  
Organization Emp Relations Services  
P.O. Box, Bldg., Room No., if any  
Street Same as page 1  
City  
State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: