

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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-00664

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Edward M Echanique  Title President & CEO  Organization Labor Relations Consulting  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 D  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 <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input 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):  Name Paula Rafala  Organization Sutter Memorial Medical Center  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 1800 Coffee Road  City Modesto  State California ZIP Code + 4 95355	7. Date entered into:  6 / 1 / 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 [Signature] President  
(If other title, see instructions)  
Title President

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

On 07/01/2014 9512655584  
Date Telephone Number

On 07/01/2014 9512655584  
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.):

Services provided through Healthcare Labor Solutions, Inc. all travel and incidental expenses to be reimbursed.

#### 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 RN's within the potential bargaining unit and provide them with factual and truthful information about the process of unionization and collective bargaining.

11.b. Period during which performed:

06/01/2014

11.c. Extent performed

06/20/2014

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:

RN's in the potential bargaining unit as described in the stipulated agreement

12.b. Identify subject labor organizations:

CNA/NNU