



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 expenses 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 the section 7 rights and answer questions using NLRB documents.

11.b. Period during which performed: Ongoing	11.c. Extent performed:
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<p>11.d. Name and address through whom performed:</p> <p>Name Lupe Cruz</p> <p>Organization Cruz &amp; Associates</p> <p>P.O. Box, Bldg., Room No., if any 1831</p> <p>Street</p> <p>City Upland</p> <p>State California ZIP Code +4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Eduardo Padilla</p> <p>Organization EPC Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3620 Lomacitas Ln.</p> <p>City Bonita</p> <p>State California ZIP Code +4 91902</p>
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<p>12.a. Identify subject groups of employees:</p> <p>Health Care Workers</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU</p>
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**Specific Activities to be Performed (Continuation Page)**

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

a. Nature of activity:

Held Meetings to inform employees of the section 7 rights and answer questions using NLRB documents

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Javier Carbone  
 Organization Rivera Carbone Consulting  
 P.O. Box, Bldg., Room No., if any  
 Street 30200 Rancho Viejo Rd. Suite A  
 City San Juan Capistrano  
 State California ZIP Code + 4 92675

Additional Name and address through whom performed, if any:

Name Edward Echanique  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street 155 Bay Laurel Dr.  
 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

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:

12.b. Identify subject labor organizations: