

FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2015



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.

648421

1. File Number: C-166020

**Person Filing**

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

Name Evelyn Fragoso  
Title Owner  
Organization Quality Labor Solutions  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 6255 Candora Ave  
City Los Angeles  
State CA ZIP Code + 4 90056

**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 / 2016

**5. Type of person:**

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify): \_\_\_\_\_

**6. Name of Agreement or Arrangement**

**6. Full name and address of employer with whom made (include ZIP Code):**

Name Andrew Johnson  
Organization Seal Beach Health and Rehab  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 300 North Gate Rd  
City Seal Beach  
State California ZIP Code + 4 90740

**7. Date entered into:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**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.)

**3. Signed**

Title Owner

President  
(If other title, see  
instructions)

**14. Signed**

Title \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

On 10/11/16  
Date

307296773  
Telephone Number

On \_\_\_\_\_  
Date

Telephone Number

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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.

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.):

educate employees on all aspects of unions  
so they could make an informed decision  
on whether or not to support a union

#### Specific Activities to be Performed

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

a. Nature of activity:

meetings informing employers on whether or  
not to support a union

Period during which performed:

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name

Organization Reliant Labor Council #5

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

Street 1010<sup>th</sup> Eshlberg Court

City Saint John

State Indiana ZIP Code + 4 46373

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

2.a. Identify subject groups of employees:

CNA, Housekeeping, Detray  
Personnel and maintenance

12.b. Identify subject labor organizations:

SEIU