

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

654672

1. File Number: c 67765

Person Filing

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

Name Emigdio Arias

Title President

Organization KNA Industrial Relations LLC

P.O. Box, Bldg., Room No., if any P.O. Box 14804

Street

City Long Beach

State California ZIP Code + 4 90853

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 Ken Moyle

Organization Porterville Convalescent Hospital

Trade Name, if any

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

Street 1100 West Morton Avenue

City Porterville

State California ZIP Code + 4 93257

7. Date entered into:

02 / 06 / 2017

8. Name of person(s) through whom made:

Name N/A

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 08/24/2017 (213) 440-7522

Date Telephone Number

On

Date Telephone Number

Filer:	File Number C- 67765
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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.):

Hourly rate 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 their Section 7 rights and answer questions using the NLRB documents

<p>11.b. Period during which performed: Ongoing</p>	<p>11.c. Extent performed: N/A</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Lupe <input type="checkbox"/> Cruz</p> <p>Organization Cruz & Associates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1831</p> <p>Street <input type="text"/></p> <p>City Upland</p> <p>State <input type="text" value="California"/> ZIP Code + 4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>
<p>12.a. Identify subject groups of employees: CNA</p>	<p>12.b. Identify subject labor organizations: SEIU</p>