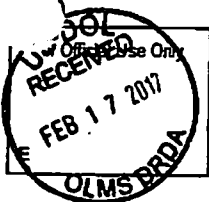


32

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 525

Person Filing

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

Name Kirsten Johnson Moore

Title Consultant

Organization LRI Consulting Services

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

Street 7850 S. Elm Place Ste E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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 / 16

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 Gary Knight

Organization Via Christi Health Inc

Trade Name, if any

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

Street 8200 East Thorn

City Wichita

State Kansas

ZIP Code + 4 67226

7. Date entered into:

12 / 9 / 2016

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

Title Other (Specify)

Consultant

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 2/6/2017

Date

610-420-0819

Telephone Number

On

Date

Telephone Number

Filer: Kirsten Johnson Moore LRI Consulting Services

File Number C- 525

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.):

No written agreement. I was engaged by LRI Consulting Services to work with Via Christi health in pre-petition work to educate employees on all aspects of unions so that 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:

Presentations/education meetings to various employees regarding their rights to organize and collectively bargain.

11.b. Period during which performed:

Starting 12/16/16

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name Kirsten Johnson Moore

Organization LRI Consulting Services, Inc

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

Street 7850 S Elm Place

City Broken Arrow

State Oklahoma

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 Other

ZIP Code + 4

12.a. Identify subject groups of employees:

Registered Nurses

12.b. Identify subject labor organizations:

United Steel Workers