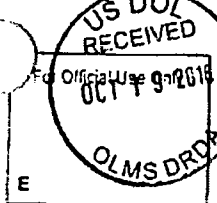


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



This report is mandatory under P.L. 80-257, 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.

648737

1. File Number: C-

67257

Person Filing

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

Name Byron J Clay
Title President
Organization Reliant Labor Consultants
P.O. Box, Bldg., Room No., if any
Street 10108 Fehlberg Court
City Saint John
State Indiana ☒ ZIP Code + 4 45373

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:

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 Andrew Johnson
Organization Seal Beach Health and Rehabilitation Ctr
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:

9/10/2016

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 President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

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.):

No written agreements. We were engaged by Seal Beach Health and Rehabilitation Center 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:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:

Started 9-10-2016

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Byron J. Clay

Organization BJC & Associates Inc

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

Street 10108 Fehlborg Court

City Saint John

State Indiana

☒ ZIP Code + 4 46373

Additional Name and address through whom performed, if any:

Name Evelyn Fragoso

Organization Quality Labor Solutions

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

Street 6255 Condon Ave

City Los Angeles

State California

☒ ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Certified Nursing Assistants
Dietary Personnel
Main Finance Staff

12.b. Identify subject labor organizations:

SEIU

Filer:

File Number C-

67257

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.):

Specific Activities to be Performed

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

a. Nature of activity:

11 b. Period during which performed:

11 c. Extent performed:

11 d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name Kirsten Moore

Name

Organization

Organization

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

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

Street 139 Drexel Road

Street

City Ardmore

City

State Pennsylvania ☒ ZIP Code + 4 19003

State ZIP Code + 4

12 a. Identify subject groups of employees:

12 b. Identify subject labor organizations: