

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

Person Filing  2. Name and mailing address (include ZIP Code):  Name Reidi J Fisher Title Title Title Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 24235 Davida City Laguna Niguel State California IzP Code + 4 92677 State California S. Type of person:  a Individual b PartneraNip c Corporation d Other (Spodity):  Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Teresa Cadinas Organization Nursing & Rehabilitation Trude Name, if any P.O. Box, Bldg., Room No., if any Street Bil Court St. City Jackson State California ZIP Code + 4 95642 Name Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signature and is, to the best of the undersigned's knowledge and bellef, true, correct, and complete (See Section Win operations). Trusted Martine  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signaturey and is, to the best of the undersigned's knowledge and bellef, true, correct, and complete (See Section Win operations).  13. Signed Martine Traisaurer (If other tite, see instructions) Title Data Telephone Number  Traisaurer (If other tite, see instructions) Title Data Telephone Number	1. File Number: C- 7/65		
2. Name and madling address (include ZIP Code):  Name Reidi J Fisher  Title  Organization  P.O. Box, Bidg., Room No., if any  Street 24235 Davida  City Laguna Niguel  State California  ZIP Code +4 92677  Slate State California  Stype of person:  Abordance  Abordance  Stype of person:  A			
Name Reidi J Fisher  Title  Organization  P.O. Box, Bidg., Room No., if any  Street 24235 Davida  City Laguna Niguel  State California  ZIP Code +4 92677  State California  ZIP Code +4 92677  State  4. Date fiscal year ends:  A Date entered into:  A Date enter		2 Any other address where remade negoscary to verify this report are kent:	
Title Organization P.O. Box, Bldg., Room No., if any Street 24235 Davida City Laguna Nigue1 State California			
Organization  P.O. Box, Bldg., Room No., if any  Street 24235 Davida  City Laguna Niguel  State California  ZIP Code + 4 92677  State  State California  State California  Take Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State  City  State  Corporation d  Other (Specify):  **  **  **  **  **  **  **  **  **			
P.O. Box, Bidg., Room No., if any  Street 24235 Davida  City Laguna Niguel  State California ZiP Code + 4 92677 State ZIP Code + 4  4. Date fiscal year ends:  A Date of Person:  A Date entered into:  7	Title	Title	
Street 24235 Davida  City Laguna Niguel  State California	Organization	Organization	
City Laguna Niguel  State California  ZIP Code + 4 92677  State  Date fiscal year ends:  Image: Style of person:  Image: A limit of Agreement or Arrangement  S. Type of person:  Image: A limit of Agreement or Arrangement  S. Full name and address of employer with whom made (include ZIP Code):  Name Teresa Cadimas  Organization Kit Carson Nursing & Rehabilitation  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 811 Court St.  Name  Signatures  Each of the undersigned declares, under penalty of perjury and other applicable penalties of faw, 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, functions.  13. Signed Manual President (if other title, see instructions)  Title Image: A limit of the undersigned scalars and complete. (See Section VIP on penalties in the instructions)  Title Image: A limit of the undersigned's knowledge and belief, functions.  Treasurer (if other title, see instructions)  Title Image: A limit of the undersigned's knowledge and belief, functions.  Title Image: A limit of the undersigned's knowledge and belief, functions.  Treasurer (if other title, see instructions)  Treasurer (if other title, see instructions)	P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
State California  Individual black partnership calcorporation dall Other (Specify):    State California   Stype of person:	Street 24235 Davida	Street	
4. Date fiscal year ends:    S. Type of person:   Landividual   Date   Partnership   C   Corporation   Date   Corporation   Corp	City Laguna Niguel	City	
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name Teresa Cadimas  Organization Kit Carson Nursing 6 Rehabilitation  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 811 Court St.  City Jackson  State California  ZIP Code + 4 95642  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	State California  ZIP Code + 4 92677	State ZIP Code + 4	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name Teresa	4. Date fiscal year ends: 5. Type of person:		
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6. Full name and address of employer with whom made (include ZIP Code):  Name Teresa Cadimas  Organization Kit Carson Nursing & Rehabilitation  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 811 Court St.  City Jackson  State California  ZIP Code + 4 95642  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 true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  Title  On State 13 949 KD - 2459  On			
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Street 811 Court St.  City Jackson  State California  ZIP Code + 4 95642  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    Augustia   A	Trade Name, if any	Name	
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Title President (If other title, see instructions)  Title d (If other title, see instructions)  Title d (If other title, see instructions)	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.		
Title $1/2$ Title $1/2$ Title $1/2$ On $1/2$ On $1/2$	(If other title, see	(If other title, see	
<u> </u>		Title d	
	<u> </u>		

Heidi Fisher	File Number C-	
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 collectively through representatives of their own choosing.	exercising, the right to organize and bargain	
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.):	· · · · · · · · · · · · · · · · · · ·	
Paid hourly, expenses reimbursed.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Provide employer with information regarding employee activities.		
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11.b. Period during which performed:		
ongoing held employee	meetings	
11.d. Name and address through whom performed:  Additional Name and address	ess through whom performed, if any:	
Name Lupe Cruz Name		
Organization Cruz & Associates Organization		
P.O. Box, Bidg., Room No., if any	if any	
Street 10201 Trademark, Suite C Street		
City Rancho Cucamonga City		
	7000	
State California ZIP Code + 4 91785 State	ZIP Code + 4	
12.a. Identify subject groups of employees:	organizations:	
Employees in potential bargaining unit SEIU	-	
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