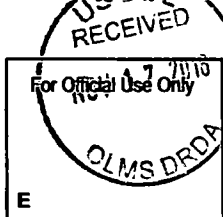


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

629326

1. File Number. C- 67190

Person Filing

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

Name Kirsten ☐ Johnson Moore
Title Consultant
Organization
P.O. Box, Bldg., Room No., if any
Street 139 Drexel Road
City Ardmore
State ZIP Code + 4 19003

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 Andrew ☐ Johnson
Organization Seal Beach Health & Rehabilitation Center
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3000 N Gate Road
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 Byron ☐ Clay
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

President
(If other title, see
instructions)

Title

Consultant

On 11/11/2016

Date

610-420-0819

Telephone Number

14. Signed

Title

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

Filer: Kirsten Johnson Moore

File Number C- 67190

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. 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:

Presentations to employees (all Certified Nursing Assistants, Housekeepers, Dietary employees and maintenance workers) on all aspects of unions so they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:

9/10/2016 - 9/16/2016

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Reliant Labor Consultants

Organization Reliant Labor Consultants

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

Street 10108 Fehlberg 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

12.a. Identify subject groups of employees:

Certified Nursing Assistants, Housekeepers, Dietary aides, and Maintenance workers

12.b. Identify subject labor organizations:

SEIU