

# 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.

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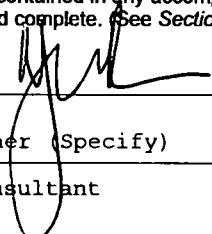
1. File Number: C- 525

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:	5. Type of person:
Dec / 16	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> 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  President  
(If other title, see instructions)  
Title Other (Specify)  
Consultant  
On 2/6/2017 610-420-0819  
Date Telephone Number

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
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 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