

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

706571

1. File Number: C- 68 695

Person Filing

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

Name Linda Broderick

Title

Organization Linda Inez Consulting, LLC

P.O. Box, Bldg., Room No., if any Suite 200

Street 460 King Street

City Charleston

State South Carolina

ZIP Code + 4 29403

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 / 19

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Single Member LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Caitlin Moughon

Organization DaVita, Inc.

Trade Name, if any

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

Street 15271 Laguna Canyon Road

City Irvine

State California

ZIP Code + 4 92618

7. Date entered into:

10 / 4 / 2016

8. Name of person(s) through whom made:

Name Peter List

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 Linda Broderick

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed _____

Treasurer
(If other title, see
instructions)

Title _____

On 6/27/2019 860-559-8368

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.):

Oral agreement made with Kulture Consulting, LLC \$245.00 per hour, plus actual and reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Traveled to various employer locations, met with management personnel. Met with employees to discuss employee relations, and answer any questions.

11.b. Period during which performed:

Various dates January-December

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina ZIP Code + 4 29585

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:

Healthcare employees employed by the employer at its various locations. NO PETITION

12.b. Identify subject labor organizations:

Service Employees International Union, United Nurses Association of California, and California Nurses Association.