

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

For Official Use Only:

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APR 28 2014  
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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)

555071  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 681

### Person Filing

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

Name Juan Cruz  
Title CEO  
Organization Reconnect Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any  
Street 29450 Highland Blvd  
City Moreno Valley  
State California ZIP Code + 4 92555

#### 3. Any other address where records necessary to verify this report are kept:

Name  
Title CEO  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City Newport Beach  
State California 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 Bernard Bastonski  
Organization Baldwind Gardens Nursing Center  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 10786 Live Oak Avenue  
City Temple City  
State California ZIP Code + 4 91780

#### 7. Date entered into:

2 / 11 / 2014

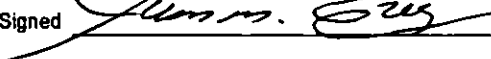
#### 8. Name of person(s) through whom made:

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 Other (Specify) C.E.O. ☒

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify) ☒

Treasurer  
(If other title, see  
instructions)

On 3/19/14 951-413-4402  
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 agreement.

#### Specific Activities to be Performed

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

a. Nature of activity:

Informed employees regarding the National Labor Relations Act, section 7 that they have the right to continue to support SEIU (Union) if they wish or not continue to support the union, Employees file an RC-Petition to decertified.

11.b. Period during which performed:

2/11/14

11.c. Extent performed:

3/19/14

11.d. Name and address through whom performed:

Name

Organization

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

Street

City Newport Beach

State  ZIP Code + 4

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:

All employees.

12.b. Identify subject labor organizations:

Service Employees International Union