

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.

654561

1. File Number: C- 67695

Person Filing

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

Name Daniel W Block
Title President
Organization Labor Management Associates, LLC
P.O. Box, Bldg., Room No., if any Suite 100
Street 6506 Mount Batten Ct
City Prospect
State Kentucky ZIP Code + 4 40059

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

Name Lupe Cruz
Title
Organization Cruz and Associates, Inc.
P.O. Box, Bldg., Room No., if any 1831
Street
City Upland
State California ZIP Code + 4 91785

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 Tara Raymond
Organization Dycora Transitional Health and Living
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 650 W Alluvial Ave.
City Fresno
State California ZIP Code + 4 93711

7. Date entered into:

4 / 1 / 2017

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 President

President
(If other title, see
instructions)

On 07/15/17

Date

832-725-4286

Telephone Number

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

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.):

Starting from date of assignment until its completion, consultants will be conducting meetings with employees in a potential bargaining unit to discuss the purpose and solicitation practices to acquire necessary union authorization cards, the NLRB petition election process, potential consequences of unionization and outcomes toward collective bargaining. Consultants to advise local leadership of the NLRA process and to advocate the company's election/labor relations position. Bill of time and usual and customary expenses to be submitted weekly. No maximum number of hours allocated for this assignment. No written agreement as to maximum billing amounts.

Specific Activities to be Performed

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

a. Nature of activity:

To inform potential bargaining unit employees and local leadership of their rights as described by the NLRA; to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:

04/01/17 to end of assignment

11.c. Extent performed:

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

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Associates

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California

ZIP Code + 4 91785

12.a. Identify subject groups of employees:

Potential bargaining unit personnel as defined by the NLRA. Local leadership

12.b. Identify subject labor organizations:

NA