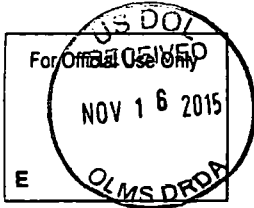


# FORM LM-20

## 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)

600941

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00691

### Person Filing

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

Name Carina Hunt  
Title President  
Organization C Hunt management Consulting Inc  
P.O. Box, Bldg., Room No., if any  
Street 821 E Dove Loop Rd  
City Grapevine  
State Texas ZIP Code + 4 76051

#### 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 Josh Sable  
Organization Windor Care Center of Sacramento  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 501 Jesse Ave  
City Sacramento  
State California ZIP Code + 4 95838

#### 7. Date entered into:

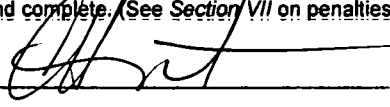
8 / 10 / 2015

#### 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 President

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

On 10/20/15 7143104080  
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.):

Verbal Agreement. All services performed at an hourly rate plus reasonable expenses.

**Specific Activities to be Performed**

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

a. Nature of activity:

To educate employees regarding their section 7 rights under the national labor relations act and collective bargaining

11.b. Period during which performed:

8/10/15 thru 8/24/2015

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Khanh Tran

Organization

P.O. Box, Bldg., Room No., if any 1501

Street

City Lake Forest

State California ZIP Code + 4 92609

Additional Name and address through whom performed, if any:

Name Jose Salgado

Organization LSB LLC

P.O. Box, Bldg., Room No., if any 612

Street 4504 W Spruce St

City Tampa

State Florida ZIP Code + 4 33607

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

SEIU