

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.

649784

1. File Number: C- 67190

Person Filing

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

Name Kirsten Johnson Moore

Title Consultant

Organization

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

Street 139 Drexel Road

City Ardmore

State Pennsylvania ZIP Code + 4 19003

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 / 17

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 Michael R Johnson

Organization Augustana Care Health & Rehabilitation

Trade Name, if any

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

Street 1007 East 14th Street

City Minneapolis

State Minnesota ZIP Code + 4 55404

7. Date entered into:

2 / 3 / 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 

President
(If other title, see
instructions)

Title Other (Specify)

Consultants

On

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.):

\$1,500.00 per day plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Educate Employees of their rights under the NRLA

11.b. Period during which performed:

2/13/17-2/14/17

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Russell M Brown

Organization RoadWarrior Productions, LLC

P.O. Box, Bldg., Room No., if any PO Box 372636

Street

City Satellite Beach

State Florida

ZIP Code + 4 32937-2636

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

12.b. Identify subject labor organizations:

Minnesota Nurses Association