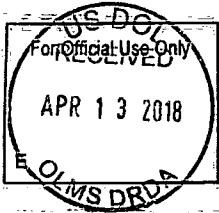


# FORM LM-20

## 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.

675129

1. File Number: C- 67297 68069

### Person Filing

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

Name Darren Bake

Title Administrator

Organization Seal Beach Health and Rehab

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

Street 300 North Gate Road

City Seal Beach

State California ZIP Code + 4 90710

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 / 16

5. Type of person:

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

### Nature of Agreement or Arrangement

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

Name Andrew Johnson

Organization Seal Beach Health and Rehab

Trade Name, if any

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

Street 300 North Gate Road

City Seal Beach

State California ZIP Code + 4 90710

7. Date entered into:

9 / 10 / 2016

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)

Adminisrator

14. Signed

Treasurer  
(If other title, see instructions)

Title Controller/Comptroller

On

4-3-18

Date

562-598-2477

Telephone Number

On

4/3/18

Date

714-533-7818

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.):

#### Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

11.b. Period during which performed:

Started 9/10/2016

11.c. Extent performed:

Ended 10/26/2016

11.d. Name and address through whom performed:

Name Byron J Clay  
Organization Reliant Labor Consultant LLC  
P.O. Box, Bldg., Room No., if any  
Street 10108 Fehlberg Court  
City Saint John  
State Indiana ZIP Code + 4 46373

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:

Certified Nursing Assistants  
Dietary Personnel  
Maintenance Staff

12.b. Identify subject labor organizations:

SEIU