

# 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

657737

1. File Number: C- 00681

## Person Filing

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

Name Juan Cruz  
Title C.E.O  
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 Mark Lema  
Title CEO  
Organization LAA Human Resources Corp.  
P.O. Box, Bldg., Room No., if any 385  
Street  
City Hainesport  
State New Jersey ZIP Code + 4 08036

### 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 John McCranor  
Organization Lifetime Brands  
Trade Name, if any Lifetime Brands  
P.O. Box, Bldg., Room No., if any  
Street 12 Applegate Drive  
City Robbinsville  
State New Jersey ZIP Code + 4 08691

### 7. Date entered into:

9 / 24 / 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)  
CEO

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

On 10/24/2017 951-413-4402  
Date Telephone Number

On 10/24/2017 951-413-4402  
Date Telephone Number

Filer: Juan Cruz

Reconnect Labor Relations Consultants

File Number C- 00681

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 all employees that they have the right to support or not support a Labor Organization (Union) under the National Labor Relations Act of 1935, under section 7.

11.b. Period during which performed:

9/24/2017

11.c. Extent performed:

10-13-17

11.d. Name and address through whom performed:

Name Mark Lema

Organization LAA Human Resources

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

Street P.O.Box 385

City Hainsport

State New Jersey

ZIP Code + 4 08036

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 bargaining unit employees as stated in the RC petition.

12.b. Identify subject labor organizations:

United Services Workers Local 947