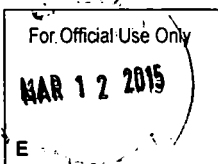


# FORM LM-20

## 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)

580077

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

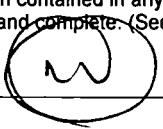
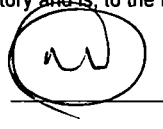
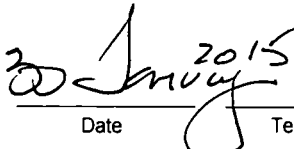
1. File Number: C- 00364

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Mark Garrity  Title President  Organization Balance Incorporated  P.O. Box, Bldg., Room No., if any  Street 1022 Nevada Highway, Suite 422  City Boulder City  State Nevada ZIP Code + 4 89005	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization New York New York Hotel and Casino  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 3790 Las Vegas Boulevard South  City Las Vegas  State Nevada ZIP Code + 4 89109	7. Date entered into:  1 / 12 / 2015  8. Name of person(s) through whom made:  Name Cindy Moehring  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)	14. Signed   Title Treasurer	Treasurer (If other title, see instructions)
On  Date	702.293.3576 Telephone Number	On 11 Date	11 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.):

\$25 - \$500 per hour. To facilitate every lawful action to avoid contamination by a business calling itself SPFPA. To determine employee human relations, communication, security, safety, and benefit and financial issues, and to provide and support for the lawful enhancement of the work environment, including management development and team building.

**Specific Activities to be Performed**

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

a. Nature of activity:

Educational group meetings, one-to-one contact, recommendations to management for lawful improvements and corrections, and research into the legal and financial dealings of the so called labor organization in question.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

The Security Officer Professionals as per NLRB  
Petition 28-RC-143968.

12.b. Identify subject labor organizations:

SPFPA