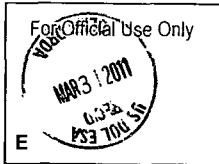


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

1. File Number:

c- 680

453266

Person Filing

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

Name Ronald L Mason

Title President/Treasurer

Organization Midwest Management Consultants, Inc.

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

Street 425 Metro Place N., Suite 620

City Dublin

State Ohio

ZIP Code + 4 43017

3. Any other address where records necessary to verify this report are kept:

Name n/a

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 Mr. Newt Weinberger, Administrator

Organization New Vista Nursing/Rehabilitation Ctr

Trade Name, if any

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

Street 300 Broadway

City Newark

State NJ

ZIP Code + 4 07104

7. Date entered into:

03 / 23 / 11

8. Name of person(s) through whom made:

Name Mr. Newt Weinberger, Administrator

Name Ms. Dawn Richards, Attorney

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 3-24-11

Date

614 734 9450

Telephone Number

On 3-24-11

Date

614 734 9450

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 to represent New Vista in campaign against becoming organized by 1199 Seiu at their facility in Newark, NJ. Agreement has never been reduced to writing, is for no specific time, and may be terminated by either party at any time.

All consultations billed at \$175.00 per hour, including travel time and expenses incurred accordingly.

Specific Activities to be Performed

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

a. Nature of activity:

Giving speeches, preparing written materials for distribution, and conducting meetings with employees and management for purposes of remaining union free in LPN's.

11.b. Period during which performed:

March 23, 2011 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mr. Newt Weinberger, Administrator
 Organization New Vista Nursing/Rehabilitation Ctr
 P.O. Box, Bldg., Room No., if any
 Street 300 Broadway
 City Newark
 State NJ ZIP Code + 4 07104

Additional Name and address through whom performed, if any:

Name Ms. Dawn Richards, Attorney
 Organization Capozzi & Associates, P.C.
 P.O. Box, Bldg., Room No., if any
 Street 2933 North Front Street
 City Harrisburg
 State PA ZIP Code + 4 17110

12.a. Identify subject groups of employees:

a. LPN's

12.b. Identify subject labor organizations:

b. 1199 SEIU/United Healthcare Wkrs.