

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.

553402

1. File Number: c 683

Person Filing

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

Name **Joseph Brock**
Title **President**
Organization **East Coast Labor Relations, LLC**
P.O. Box, Bldg., Room No., if any
Street **151 Forge Rd.**
City **Delran**
State **New Jersey** ZIP Code + 4 **08075**

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 ☐ 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
Organization **Lifecare Management Services**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **5340 Legacy Drive, suite 150**
City **Plano**
State **Texas** ZIP Code + 4 **75024**

7. Date entered into:

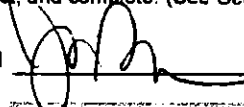
01 / 24 / 2014

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

Name **Erik Pahl**
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 
Title **President**

President
(If other title, see instructions)

14. Signed
Title **Other (Specify)**

Treasurer
(If other title, see instructions)

On **3/22/14** **215-840-2088**
Date Telephone Number

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.):

Verbal agreement to give speech to employees regarding their right to organize and collectively bargain. 187.50 per hour plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

Various days beginning 1/24/14

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name

Organization Labor Relations Institute

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

Street 7850 S. Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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:

Non-professional employees

12.b. Identify subject labor organizations:

Hospital and health care employees (AFSCME)