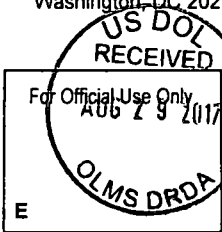


# FORM LM-20

## 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.

654562

1. File Number: C- 67695

### Person Filing

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

Name Daniel W Block  
Title President  
Organization Labor Management Associates, LLC  
P.O. Box, Bldg., Room No., if any Suite 100  
Street 6506 Mount Batten Ct  
City Prospect  
State Kentucky ZIP Code + 4 40059

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

Name Lupe Cruz  
Title  
Organization Cruz and Associates, Inc.  
P.O. Box, Bldg., Room No., if any 1831  
Street  
City Upland  
State California ZIP Code + 4 91785

#### 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 Jason Shott  
Organization Senior Lifestyle Billingham  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 1615 East Boot Rd  
City West Chester  
State Pennsylvania ZIP Code + 4 19380

#### 7. Date entered into:

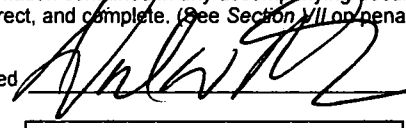
4 / 1 / 2017

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

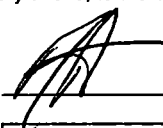
Name  
Name  
Name  
Name  
Name

### 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 President

On 07/15/17 832-725-4286  
Date Telephone Number

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

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.):

Starting from date of assignment until its completion, consultants will be conducting meetings with employees in a potential bargaining unit to discuss the purpose and solicitation practices to acquire necessary union authorization cards, the NLRB petition election process, potential consequences of unionization and outcomes toward collective bargaining. Consultants to advise local leadership of the NLRA process and to advocate the company's election/labor relations position. Bill of time and usual and customary expenses to be submitted weekly. No maximum number of hours allocated for this assignment. No written agreement as to maximum billing amounts.

#### Specific Activities to be Performed

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

a. Nature of activity:

To inform potential bargaining unit employees and local leadership of their rights as described by the NLRA; to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:

04/01/17 to end of assignment

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lupe ☐ Cruz

Organization Cruz and Associates

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California ☐ ZIP Code + 4 91785

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:

Potential bargaining unit personnel as defined by the NLRA. Local leadership

12.b. Identify subject labor organizations:

NA