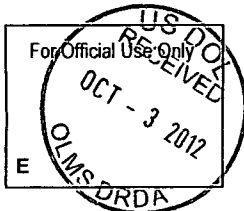


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

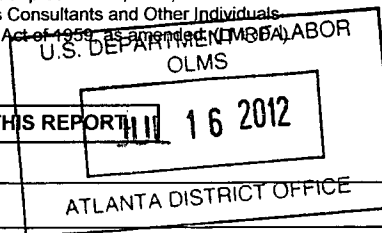
Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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 (LMRA).

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

504050



1. File Number: c-778

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Natasha D Gordon
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	2247 Chestnut Place
City	Lithia Springs
State	Georgia
ZIP Code + 4	30122
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:	5. Type of person:
Dec / 31	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input 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	Brandywine Senior Living
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	525 Fellowship Road, Suite 360
City	Mount Laurel
State	New York
ZIP Code + 4	08054
7. Date entered into: 10 / 29 / 2007	
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

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

On 7/10/2012 404-781-6398
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.):

I had a verbal agreement with Labor Resource Institute, (LRI) to represent said client Brandywine Senior Living by giving speeches to their employees about exercising their rights in regards to union organizing and collective bargaining. The terms agreed to were \$1500 per day plus expenses. The actual amount paid to me for this assignment was a total sum of \$7728.00. There is no written agreement attached to this report because I was never provided a written copy or version of a written agreement relating to this assignment by anyone at LRI. I was not able to locate a copy of the written agreement on the Department of Labor's OLMS website either, as the only documentation available is the Activities Report filed by LRI.

Specific Activities to be Performed

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

a. Nature of activity:

I gave multiple speeches to employees during multiple sessions, and covering three shifts which included day, evening and night. I entertained and responded to questions from employees in group settings and on an individual basis.

11.b. Period during which performed:

Various days beginning 6/13/09

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name

Organization LRI Consulting Services, Inc

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

Street 7850 S. Elm Place, Suite

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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:

Home Health and Personal Health Aides, Waiters, Kitchen Staff, Housekeeping Department, Recreation, Concierge, and Environmental Staff,

12.b. Identify subject labor organizations:

Service Employees International Union