

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.**

652749

1. File Number: C- 00483

### Person Filing

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

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

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

Name NA [ ] [ ]  
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 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 / 3 / 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 [Signature] President  
(If other title, see instructions)  
Title President

On 6/22/2017 909-980-8736  
Date Telephone Number

14. Signed 6-21-17 Treasurer  
(If other title, see instructions)  
Title Other (Specify) NA

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.):

Hourly rate plus expenses

**Specific Activities to be Performed**

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

a. Nature of activity:

Held employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB Documents

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

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:

All nursing

12.b. Identify subject labor organizations:

None

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.):

**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:

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:

12.b. Identify subject labor organizations: