

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



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- 561

490 415

### Person Filing

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

Name Fernando A Rivera

Title President

Organization N/A

P.O. Box, Bldg., Room No., if any 340

Street 12223 Highland Ave

City Rancho Cucamonga

State California

ZIP Code + 4 91739

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):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Kirk Halsted

Organization Halsted Communications

Trade Name, if any

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

Street 13 Commerce Drive

City Ballston SPA

State New York

ZIP Code + 4 12020-3631

7. Date entered into:

7 / 1 / 08

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

7/4/2009

Date

909-904-1474

Telephone Number

On

Date

Telephone Number

Filer: Fernando Rivera N/A

File Number C-

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.):

Hold employee meetings to inform them of their rights under section (7) of the NLRA guide and to answer questions pertaining to the union using NLRB documents for questions and answers.

**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 in small groups to inform them on unions

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Fernando A Rivera

Organization

P.O. Box, Bldg., Room No., if any 340

Street 12223 Highland Ave

City Rancho Cucamonga

State California ZIP Code + 4 91739

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:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

UFCW