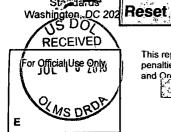
"Ú.S. Department of Labor
Office of Labor. Office of Labor-Management

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT** 

**Font** 

Office of Management and Budget No. 1245-0003 Expires 03-31-2019

Form approved



Renumber Pages

Reset Zip Fields\*..,

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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 1/8/725	
1. File Number: C- 68/25	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Frank Al MUSCOLINA	Name N/A
Title	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 39 W 136 HEMINGTON BLVD	Street
City GENEVA	City
State TLLING ZIP Code +4 60134	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
a Y 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 RICHARIS   Appel	7. Date entered into: 2 / 2018
Organization CACIAN ENT	8. Name of person(s) through whom made:
Trade Name if any 12 to	Name MCITARD! AME
P.O. Box, Bldg., Room No., if any	Name
Street ONE CAESAN VACACE DALVE	Name
City Las VECAS	Name
State NOVADA ZIP Code + 4 89109	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	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
$\frac{\text{Stamp}}{\text{pelete}} \text{ on } 6/28/18  609-105-0773$	On
Date Telephone Number	Date Telephone Number
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Filer:	File Number C-68(25
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.):	
NUMB RECTION 100255 AND FORMAL OF	
COLLECTIVE BANGAINING PROCESS.	
Specific Activities to be Performed	Add Additional Activity (Item 11)
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
SMALL GUOUJ ENFORMATION MEETING	
The state of the s	11.c. Extent performed:
11.b. Period during which performed:	METING
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name FRANK A MUSCOLNA	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 394136 HOLANTON BLUE	Street
City 6 ENEUA	City
State ZIP Code + 4 6013 4	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
STAGE TECHS AT	TATCE
STAGE TECHS AT	