

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only



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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)

630569

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00604

Person Filing

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

Name Frank G Barera

Title Owner

Organization Barbera and Associates

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

Street 3308 Ariba Street

City Las Vegas

State Nevada

ZIP Code + 4 89129

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 / 15

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Sole Proprietor

Nature of Agreement or Arrangement

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

Name

Organization Garda Cash Logistics

Trade Name, if any

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

Street 700 South Federal Highway

City Boca Raton

State Florida

ZIP Code + 4 33432

7. Date entered into:

3 / 25 / 2015

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

Name Ivelices

Linares

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

12/14/16

Date

760-485-2403

Telephone Number

On

Date

Telephone Number

95

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.):

To provide guidance and assistance to the employer and to meet with employees regarding their rights to organize and bargain collectively with labor organizations.

Specific Activities to be Performed

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

a. Nature of activity:

To meet and provide consultation to employees and supervisors regarding rights to bargain collectively.

11.b. Period during which performed:

March 25, 2015

11.c. Extent performed:

As needed

11.d. Name and address through whom performed:

Name Ivelices Linares

Organization Garda Cash Logistics

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

Street 700 South Federal Highway, Suite 300

City Boca Raton

State Florida

ZIP Code + 4 33432

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:

Drivers and Messengers

12.b. Identify subject labor organizations:

Special Police and Fire Professionals of America.
(SPFPA)