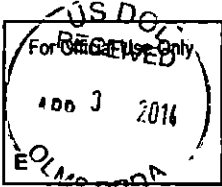


# FORM LM-20

## 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.

555290

1. File Number: c 753

### Person Filing

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

Name james misercola

Title president

Organization labor educators

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

Street

City

State ZIP Code + 4

#### 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:

Jan / 14

#### 5. Type of person:

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

### Nature of Agreement or Arrangement

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

Name Uno Restaura Uno Restaurants,

Organization Uno Restaurants, LLC.

Trade Name, if any Uno Foods Inc

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

Street 100 Charles Park Rd

City West Roxbury

State Massachusetts ZIP Code + 4 02132

#### 7. Date entered into:

2 / 4 / 2014

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

Name Ed Soulier

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

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title Treasurer

On april 3 2014

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.):

See attached agreement for full terms and conditions

## Specific Activities to be Performed

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

## a. Nature of activity:

Supply client with educator and persuader in classroom and work area settings for purposes of persuading employees with respect to an RC election scheduled on March 7th 2014. See attached agreement noted in box 10.

## 11.b. Period during which performed:

Feb 2 2014 through March 5th 2014

## 11.c. Extent performed:

completed

## 11.d. Name and address through whom performed:

Name james misercola

Organization labor educators llc

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

Street 325 walnut st

City bridgewater

State Massachusetts ZIP Code + 4 02324

## Additional Name and address through whom performed, if any:

Name manuel martins

Organization labor educators llc

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

Street 325 walnut st

City bridgewater

State Massachusetts ZIP Code + 4 02324

## 12.a. Identify subject groups of employees:

Line production workers mechanics cleaning personnel bakers

## 12.b. Identify subject labor organizations:

IBT 653