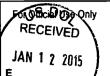
U.S. Department of Labor Office of Labor-Management Andards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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- 65644 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Javier Rivera Carbone Rivera Carbone Javier Title President Title President Organization Rivera Carbone, P.C. Organization Rivera Carbone, P.C. P.O. Box, Bldg., Room No., if any Suite 200 P.O. Box, Bldg., Room No., if any #75754 Street 905 Calle Negocio Street 9891 Irvine Center Drive City San Clemente City Irvine State California ZIP Code + 4 92673 ZIP Code + 4 92618 State California 5. Type of person: 4. Date fiscal year ends: c. Corporation Individual b. Partnership Other (Specify): Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2014 28 Name David Warta 8. Name of person(s) through whom made: Organization Conway Freight, Inc. NMF Name Cruz & Associates, Inc. Trade Name, if any Name P.O. Box, Bldg., Room No., if any

Signatures									
the informatrue, correct	e undersigned declares, ation contained in any ac t, and complete. (See S	companying/documents	) has been examined	penalties of la by the signate 14. Signed	w, that all of the info ony and is, to the bes Wey K	mation submitted in this re t of the undersigneds know Way	port (including rledge and belief, reasurer (If other title, see instructions)		
Title On	resident	(949) 487-6244		Title On	Treasurer	(949) 487-6244			
	Date	Telephone Number	<del></del>		Date	Telephone Number			

Name

Name

Name

ZIP Code + 4 33014

Street 16001 NW 48th Avenue

City Miami Lakes

State Florida

Filer: Javier Rivera Carbone Rivera Carbone, P.C.	File Number C- 65644						
9. Check the appropriate box to indicate whether an object of the activities under	aken, 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.):							
All services described in Section 11a below shall be performed on an hourly fee basis. Expenses in connection with the performance of such services as travel, accommodations, copies, long distance telephone calls, etc., will be reimbursed to Rivera Carbone, P.C. at actual cost.							
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Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instruction)	ons):						
a. Nature of activity:							
Rivera Carbone, P.C. has been retained to assist the employees with regard to the manner in which they explectively. We will assist in conducting meeting during this period.	exercise their rights to organize and bargain						
11.b. Period during which performed:	11.c. Extent performed:  Completed						
10/28/14 to 12/11/14							
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:						
Name	Name						
Organization Rivera Carbone, P.C.	Organization						
P.O. Box, Bldg., Room No., if any # 75754	P.O. Box, Bldg., Room No., if any						
Street 905 Calle Negocio	Street						
City San Clemente	City						
State California ZIP Code + 4 92672	State ZIP Code + 4						
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:						
All part-time and full-time drivers and dock employees.	Teamsters Local 769, International Brotherhood of Teamsters						