

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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- 00604 Person Filing Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name same G Barbera Name Frank Title Title Organization Organization Barbera and Associates P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 3308 Ariba Street City City Las Vegas ZIP Code + 4 State State Alabama ZIP Code + 4 89129 5. Type of person: 4. Date fiscal year ends: Corporation d X Other (Specify): Sole Proprietor Partnership c. / **D**8 Individual b. Dec Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 2008 20 8. Name of person(s) through whom made: Organization Allstate Power Vac Galasso Name Lou Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 928 E. Hazelwood Avenue Name City Rahway ZIP Code + 4 89129 Name State Alabama & **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, ete. (See Section VII on penalties in the instructions.) true, correct Treasurer Signed President 13. Signed (If other title, see (If other title, see instructions) instructions) Treasurer President Title Telephone Number Date

Filer: Frank Barbera Barbera and Associates	File Number C- 00604
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.):	
Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organizeand bargain collectively. Terms are \$187.50 per hour plus expenses.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
To provide consultation and to give speeches to employees regarding their rights to organize and	
bargain collectively	
11.b. Period during which performed:	11.c. Extent performed:
08/21/08-09/10/08	Fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place Suite E	Street
City Broken Arrow	City
State ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Field Technicians, Drivers, Pump Operators, Working Supervisors	Laborers