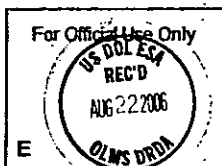


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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-1604

### Person Filing

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

Name: FRANK G BARBERA  
Title: SOLE PROPRIETOR  
Organization: BARBERA & ASSOCIATES  
P.O. Box, Bldg., Room No., if any: PO BOX 33285  
Street: CASUEBAS NU  
City: CASUEBAS NU  
State: NU ZIP Code + 4: 89133-3285

3. Any other address where records necessary to verify this report are kept:

Name: SAME  
Title: SAME  
Organization: SAME  
P.O. Box, Bldg., Room No., if any: 3308 AZURA ST  
Street: 3308 AZURA ST  
City: CASUEBAS NU  
State: NU ZIP Code + 4: 89129

4. Date fiscal year ends: /

5. Type of person:

a. ☐ 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: RANDY SALMICH  
Organization: ALLIED WARE SERVICES  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street: 808 SO JOLLET ST  
City: JOLLET  
State: IL ZIP Code + 4: 60436

7. Date entered into: 7-18-06

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

Name: RANDY SALMICH  
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

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.):

VERBAL AGREEMENT WITH CLIENT TO PROVIDE SERVICES (DESCRIBED) IN BLOCK #11 @ \$1200 PER DAY/\$150 PER HOUR

Specific Activities to be Performed

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

a. Nature of activity:

TO PROVIDE SERVICES TO CLIENT DESCRIBED IN ABOVE BLOCK # 9 (A)

11.b. Period during which performed:

11.c. Extent performed:

AS NEEDED

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name: FRANK C BARBERA  
 Organization: BARBERA & ASSOCIATES  
 P.O. Box, Bldg., Room No., if any: PO BOX 3385  
 Street: CASUEBAS  
 City: CASUEBAS  
 State: NJ ZIP Code + 4: 84133 3288

Name: SAME AS 11(D)  
 Organization: SAME AS 11(D)  
 P.O. Box, Bldg., Room No., if any: 3308 ARIBA ST  
 Street: 3308 ARIBA ST  
 City: CASUEBAS  
 State: NJ ZIP Code + 4: 84109

12.a. Identify subject groups of employees:

ALL BARBERA UNIT  
 EMPLOYEES & MANAGEMENT  
 REPRESENTATIVES

12.b. Identify subject labor organizations:

IRS LOCAL 722