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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

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Person Filing 2. Name and mailing address (include ZIP Code): Name Mistram Novarro Title President Organization P.O. Box, Bidg., Room No., if any Street 9977 Chapman Ave, Ste D426 City State California ZIP Code + 4 4. Date focal year ends: Dec 31 All andividual b Partnership S. Full name and address of employer with whom made (include ZIP Code): Name Name Name Name Name Name Organization Albanese Confectionery Group Inc Trade Name, if any P.O. Box, Bidg., Room No., if any Street S. Full name and address of employer with whom made (include ZIP Code): Name Organization Albanese Confectionery Group Inc Name Street 5441 East Lincoln Highway City Kerritiville State IN ZIP Code + 4 4 6410 Name Name	1. File Number: C- 66689	
2. Name and mailling address (include ZIP Code): Name fixiam Navarro Name fixiam Navarro Title President Organization Frontline Labor Relations Organization Pro. Box, Bidg., Room No., if any Street 9877 Chapman Ave, Ste D426 City State California ZIP Code + 4 92841 State California ZIP Code + 4 92841 State California Dec		
Name Miriam Navarro Title President Cirganization Frontline Labor Relations P.O. Box, Bidg, Room No., if any Street 9877 Chapman Ave, Ste D426 City Garden Grove State California ZIP Code + 4 92841 State ZIP Code + 4 4. Date fiscal year ends: Dec 31 Individual b Partnership c Carporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Albanese Confectionery Group Inc Trade Name, if any P.O. Box, Bidg, Room No., if any Street 5441 East Lincoln Highway City Merriilville State In ZIP Code + 4 46410 Name Name Name Name Name Name Name Name	Person Filing	
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Organization Frontline Labor Relations Organization P.O. Box, Bidg., Room No., if any Street 9877 Chapman Ave, Ste D426 City Garden Grove City Garden Grove State California ZIP Code + 4 92841 State ZIP Code + 4 4. Date fiscal year ends: Dec 31 a Individual b Partnership c ZiP Corporation d Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Organization Albanese Confectionery Group Inc Trade Name, if any P.O. Box, Bidg., Room No., if any Street 5441 East Lincoln Highway City Merrillville Slate In ZIP Code + 4 46410 Name Slate In ZIP Code + 4 46410 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 arry succompanying documents) has been examined by the signalory and is, to the best of the undersigned's knowledge and belief, frue, correct, and complete (stell pection VII on penaltics in the instructions) Title President Title President Treasurer (If other title, see instructions)	Name Miriam Navarro	Name
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City Merrillville State IN ZIP Code + 4 46410 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 Title President (If other title, see instructions) Title On 6/4/2018 714-305-3731 On	P.O. Box, Bldg., Room No., if any	Name
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Title President/ Title	(If other title, see	(If other title, see
	On 6/4/2018 714-305-3731	On

Filer: Frontline Labor Relations	File Number C- 66689	
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 made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.		
verbal agreement made through bar consulting services,	inc. 31,300 per day plus reasonable travel expenses.	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
	, , , , , , , , , , , , , , , , , , ,	
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 4/11/18	Fully Performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Phillip B Wilson	Name	
Organization LRI Consulting Services, Inc.	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 Oklahoma ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production employees in the Gummy Production Department, which includes kitchen operators, deposit line operators, packaging line operators, tumbler operators, quality technicians who work in the Gummy Production Department.	Food & Commercial Workers	
	1	