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**AGREEMENT AND ACTIVITIES REPORT** 

Font

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

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Form LM-20 (2003)

U.S. Department of Labor-Office of Labor-Management

Standards Washington, DC 202 Reset

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)

Group

READ THE INSTRUCTIONS	CAREFULLY	<b>BEFORE I</b>	PREPARING	THIS REP	ORT.
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513004					
1. File Number: C- 70					
Person Filing					
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name DAVID C ACOSTA	Name				
Title PRESIDENT/TREASURER	Title				
Organization REDSTONE ENTERPRISES	Organization				
P.O.,Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 5415 E WILLOWICK CIRCLE	Street				
City ANAHEIM	City 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
State California ZIP Code + 4 92807	State ZIP Code + 4				
4. Date fiscal year ends: 5. Type of person:					
Partnership c. Corporation d. Other (Specify):					
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 12 / 8 / 2011				
Name	Name of person(s) through whom made:				
Organization MI PUEBLO SUPERMARKETS	Name HECTOR SALAS				
Trade Name, if any	Plante of the first of the firs				
P.O. Box, Bldg., Room No., if any	Name				
Street 1745 STORY RD	Name				
City SAN JOSE	Name 12 12 12 12 12 12 12 12 12 12 12 12 12				
State California ZIP Code + 4 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 Net Ready To Sign Sign HERE  13. Signed  President (If other title, see instructions)  Title  President  Treasurer  Title  Treasurer  Title  Treasurer  Title  Treasurer  Total And C-2229  On 2/20/2013 714-306-2229					
Date Telephone Number Clear Signatures	Date Telephone Number				

Sign/Print Report,

Submit Report Electrodically

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Filer:	File Number C-
	<u> </u>
9. Check the appropriate box to indicate whether an object of the activities undert	aken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain
The supplicate ample one with information concerning the activities of am	ployees or a labor organization in connection with a labor dispute involving
such employer, except information for use solely in conjunction with ar	administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements verbal agreement to provide consultation and to give right to organize and bargain collectively according terms of billing are: \$150/HOUR.	e speeches to employees about exercising their
والمراجعة والمعارض والمحمول المحارب المستقدمين والمراجعة والمحارث والمحارب والمحارب والمحارب والمحارب	الأعاقب المحافظ والأنفاء المحافظ أناسيك والمستعدد الشيوانيا
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction	ions):
a Nature of activity: To provide consultation and to give speeches based	on the Buide to the National Labor Relations Act to
employees regarding their rights to organize and ba	argain collectively.
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	the control of the co
11.b. Period during which performed various days from 12/8 to 12/19/11	11.c. Extent performed: activity was completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name RUSS BROWN	Name.
Organization RUSS BROWN ASSOCIATES	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5753 E SANTA ANA CANYON RD, BOX 223	Street
City ANAHEIM HILLS 92807	City
State California ZIP Code + 4 928707	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
WAREHOUSE EMPLOYEES	NO PETITION FILLED AT THE TIME.
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