



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.

471895

1. File Number: C- 750

Person Filing

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

Name CONNIE S. OLIVER
Title LABOR RELATIONS SPECIALIST
Organization

P.O. Box, Bldg., Room No., if any

Street 11 FAIRWAY DUNES LANE

City ISLE OF PALMS.

State SOUTH CAROLINA ZIP Code + 4 29451

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

Name

Title

Organization BURDZINSKI & PARTNERS INC.

P.O. Box, Bldg., Room No., if any

Street 2393 HICKORY PARK DRIVE

City DAYTON

State OHIO ZIP Code + 4 45458

4. Date fiscal year ends:

12 / 2011

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 TED DOUDAK
Organization RIVA JEWELRY INC.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street #1-31 39th ST.

City LONG ISLAND CITY

State NEW YORK ZIP Code + 4 11104

7. Date entered into:

04 / 17 / 2011

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

Name MR. TED DOUDAK, PRESIDENT

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 Connie S. Oliver President
(If other title, see instructions)
Title LABOR RELATIONS SPECIALIST

On 8/12/2011 843-886-4703
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

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.):

TO ENGAGE IN PERSUADER ACTIVITIES ON BEHALF OF EMPLOYER IN CONNECTION WITH A RE ELECTION FOR UNION REPRESENTATION.

Specific Activities to be Performed

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

a. Nature of activity:

ASSIST EMPLOYER IN CAMPAIGN ACTIVITY TO PERSUADE EMPLOYEES TO VOTE NO IN AN ELECTION.

11.b. Period during which performed:

APRIL 17, 2011 - JULY 13, 2011

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name CONNIE S. OLIVER

Organization

P.O. Box, Bldg., Room No., if any

Street 11 FAIRWAY DUNES LN.

City ISLE OF PALMS

State SOUTH CAROLINA ZIP Code + 4 29451

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

ALL FULL TIME & REGULAR
PART TIME PRODUCTION, MAINTEN-
ANCE, SHIPPING & MAINTENANCE
RECEIVING EMPLOYEES.

12.b. Identify subject labor organizations:

UNITED SERVICE WORKERS UNION
LOCAL 1031
UNITE HERE LOCAL 62-32