

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. 85-257, 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 604

Person Filing

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

Name FEN/6 BARBETA (BARBETA)

Title SCE PROPRIETOR

Organization BARBETA ASSOCIATES

P.O. Box, Bldg., Room No., if any 33285

Street

City LAS VEGAS

State NV

ZIP Code + 4 89133-3285

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/31/06

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): SCE PROPRIETOR

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name DAVID NOCERA

Organization MERCEDES-BENZ ORLAND PARK

Trade Name, if any

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

Street 8430 W 159 ST

City TINLEY PARK

State IL

ZIP Code + 4 60462

7. Date entered into: 1/1

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

Name DAVID NOCERA

Name SCOTT BOONMA

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

FRANK G BARBERA

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 BELOW BLOCK # 11(a) @ \$1200 PER DAY OR \$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:

2/14/86

11.c. Extent performed:

AS REQUESTED

11.d. Name and address through whom performed:

Name FRANK G BARBERA
Organization BARBERA ASSOCIATES

P.O. Box, Bldg., Room No., if any 32285

Street

City CAUCAS

State NV

ZIP Code + 4 8913-3285

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 BRISTOL UNIT EMPLOYEES
& MANAGEMENT REPRESENTATIVES

12.b. Identify subject labor organizations:

INTL ASSOC. OF MERCHANTS (IAM)
C/O 701
100 W. PLEASANT RD
COUNTRYSIDE, ILL 60525