

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

498243  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00604

## Person Filing

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

Name Frank G Barbera  
Title Owner  
Organization Barbera and Associates  
P.O. Box, Bldg., Room No., if any  
Street 3308 Ariba Street  
City Las Vegas  
State Nevada ZIP Code + 4 89129

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

Name Same  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

### 4. Date fiscal year ends:

Dec / 11

### 5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): Sole Proprietor

## Nature of Agreement or Arrangement

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

Name  
Organization Bob's Discount Furniture  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 428 Tolland Turnpike  
City Manchester  
State Connecticut ZIP Code + 4 06040

### 7. Date entered into:

10 / 18 / 2011

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

Name Bob Dawley  
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 04/11/2012 760-485-2403

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.):

To provide guidance and assistance to employer and to meet with employees regarding their rights to organize and bargain collectively with labor organizations.

**Specific Activities to be Performed**

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

a. Nature of activity:

To meet and provide consultation to employees and supervisors regarding employees rights to bargain collectively

11.b. Period during which performed:

10/18/2011

11.c. Extent performed:

as needed

11.d. Name and address through whom performed:

Name Bob Dawley  
Organization Bob's Discount Furniture  
P.O. Box, Bldg., Room No., if any  
Street 428 Tolland Turnpike  
City Manchester  
State Connecticut ZIP Code + 4 06040

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

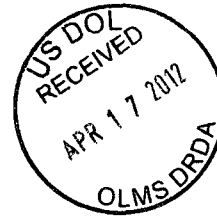
12.a. Identify subject groups of employees:

Sales associates

12.b. Identify subject labor organizations:

UFCW Local 888

April 11, 2012



US DEPARTMENT OF LABOR  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

Attn: Mr. Larry King  
Division of Reports

Dear Mr. King:

As per your letter dated April 4, 2012 and your referenced request and instructions, please find enclosed form LM-20 relating to same. I apologize for the delay in submitting this report. It was a complete and total oversight on my part. Hopefully, you received form LM-21 relating to this same employer that was submitted to your Department March 27, 2012.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Barbera".

Frank Barbera  
File Number 00604