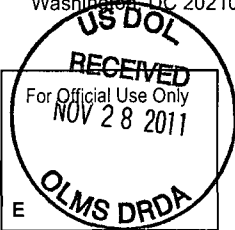


FORM LM-20

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.

469773

1. File Number: c- 746

Person Filing

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

Name RONALD T. PFEITER

Title

Organization

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

Street 1545 ARAPAHOE TR.

City GILBERT TAY

State WISCONSIN ZIP Code + 4 54313

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:

12/1/2011

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 BOB'S DISCOUNT FURNITURE

Organization

Trade Name, if any

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

Street 438 TOLLAND PIKE.

City MANCHESTER

State CENN. ZIP Code + 4 06040

7. Date entered into:

10/19/2011

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

Name

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

11/15/2011

Date

(920) 444 7018

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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.):

HIRED AT FLAT FEE (NO WRITTEN AGREEMENT WITH ME) TO DO SPEECHES / MEETINGS AT FOUR SITES & GIVE ~~SOME~~ SUPERVISOR TRAINING.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: SPEAK TO RETAIL EMPLOYEES (SALES PEOPLE) IN CERTAIN RETAIL LOCATIONS CONCERNING CURRENT ORGANIZATIONAL ACTIVITIES PURPOSE: TO EDUCATE EMPLOYEES ABOUT THE NLRB PROCESSES AND MAKE CLEAR THAT THEY ARE NOT REQUIRED TO SIGN AUTHERIZATION CARDS. (ALSO OBTAIN SUPERVISORS ABOUT THE NLRB)	
11.b. Period during which performed: 10-19-2011 - 11/13/2011	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name LABOR RELATIONS INSTITUTE	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any PO BOX 1579	P.O. Box, Bldg., Room No., if any
Street 7800 SOUTH ELM PLAZA	Street
City BROKEN ARROW	City
State OKLAHOMA ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees: EMPLOYEES AT FOUR LOCATIONS: - NEW YORK CITY - CARLE PLACE, NY - FLUSHING, NY - YONKERS, NY - WESONSET, NY	12.b. Identify subject labor organizations: UFCW LOCALS 888 & 198