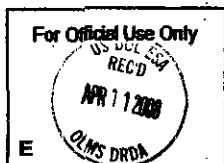


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

360440

1. File Number:

c-604

Person Filing

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

Name FRANK G BARBERA
Title SOLE PROPRIETOR
Organization BARBERA & ASSOCIATES

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

Street LAVERGAS RD
City LAVERGAS
State NY

ZIP Code + 4 89129

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

Name SMILE A #2
Title SMILE A #2
Organization SMILE A #2

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

Street 3308 AVENUE ST
City CAS DEBAR
State NY

ZIP Code + 4 89126

4. Date fiscal year ends:

12/31/08

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
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street
City
State

ZIP Code + 4

7. Date entered into:

01 / 01 / 2007

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

[Signature]

President
(If other title, see instructions)

Title President

14. Signed

[Signature]

Treasurer
(If other title, see instructions)

Title Treasurer

On

4/2/08
Date

760-488-2403
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):

VERBAL AGREEMENT WITH CLIENT TO PROVIDE SERVICES DESCRIBED IN BELOW BLOCK # 11 @ \$1200 PER DAY / \$15000 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 CLIENTS DESCRIBED IN ABOVE BLOCK 9 (A)

11.b. Period during which performed:

11.c. Extent performed:

AS NEEDED

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name FRANK G. BARBERA
Organization BARBERA ASSOCIATES
P.O. Box, Bldg., Room No., if any
Street
City CARLETON
State NY ZIP Code + 4 84124

Name SIMONE AS 11 (D)
Organization
P.O. Box, Bldg., Room No., if any
Street 3308 AUBURN ST
City CARLETON
State NY ZIP Code + 4 84124

12.a. Identify subject groups of employees:

ALL BARGAINING UNIT EMPLOYEES & MANAGEMENT REPRESENTATIVES

12.b. Identify subject labor organizations:

BAKERS UNION (CROTON)
LOCAL 116
7931 NE HALSEY ST #205
PORTLAND, OR 97213