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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 202

AGREEMENT AND ACTIVITIES REPORT

Font

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



1. File Number:

Rockell Mills

This report is mandatory under P.L. 88-257, 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 Omanizations Tinder Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA) Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name DAVID C ACOSTA		Name		
Title PRESIDENT/TREASURES		Title		
Organization RESTONE ENTERPRISES		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bidg., Room No., if any		
Street 5415 B. WILLOWICK CIRCLE		Street		
City ANAHEIM		City		
State California	ZIP Code + 4 92807	State	ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:				
Dec / 31 a. Individual b. Partnership c. Corporation d. Other (Specify):			_{):} –	
Nature of Agreement or Arrangemen	1			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 6 / 27 / 2013		
Name Organization ALBERTSON'S SUPERMARKETS		8. Name of person(s) through whom made:		

Fach of the undersinged declares, under penalty of periusy and other applicable penalties of law, that all of the information submitted in this report (including					
Signatures					
State Texas	ZiP Code + 4 79910	Name			
City ElPaso		Name			
Street 11320 Montwood DR.		Name			
P.O. Box, Bldg., Room No., if any		Name			
Trade Name, if any		Name DANNY	MA		
Organization ALBERTSON'S SUPERMARKETS		1 '''	8. Name of person(s) through whom made:		

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 Net s in the instructions.) Ready To Ĺgn Not Ready To Sign 13. Signed 14. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title 8/23/13 714-306-2229 8/23/13 714-306-2229 Qπ Telephone Number Date Date Telephone Number Clear Signatures

Sign/Print Report

Filer:	~			
	, , ,			

File Number C-

- 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. V 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.
- Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively. Terms of billing \$20,000 total.

Specific Activities to be Performed

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

TEST PG CNT

This was an Election Campaign, petition submitted by the UFCW. To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed: 6/27/13 TO 7/12/13	11.c. Extent performed: Activity completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any: Name Organization			
Name				
Organization REDSTONE ENTERPRISES, INC.				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any Street			
Street				
City	City			
State Other ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Upper Management, Mid management, supervisors, hourly and salaried employees.	UPCW			