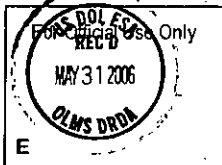


# FORM LM-20

## 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. 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.

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 **PO BOX 33285**  
Street  
City **LAS VEGAS**  
State **NV** ZIP Code + 4 **89133**

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

Name **SAME**  
Title **SAME**  
Organization **SAME**  
P.O. Box, Bldg., Room No., if any  
Street **3308 AZIBA ST**  
City **LAS VEGAS**  
State **NV** ZIP Code + 4 **89129**

4. Date fiscal year ends:

**12/31/06**

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 **ROYAL T. COLTER**  
Organization **PEORIA HOSPITAL COMPANY**  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street **4700 N. STERLING AVE**  
City **PEORIA**  
State **IL** ZIP Code + 4 **61615**

7. Date entered into:

**4/17/06**

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

Name **ROYAL T. COLTER**  
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

**OWNER**

14. Signed

**[Signature]**

Treasurer  
(If other title, see instructions)

Title

**Treasurer**

On

Date

**7-0-485-2103**

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. NO TERMS OR CONDITIONS  
@ \$1,200 WEEKLY / \$50 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 DESCRIBED IN ABOVE BLOCK 9(A)

11.b. Period during which performed:

AS NEEDED

11.c. Extent performed

AS NEEDED

11.d. Name and address through whom performed:

Name

FRANK G. BARBERA

Organization

BARBERA ASSOCIATES

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

PO BOX 33285

Street

City LAS VEGAS

State

NV

ZIP Code + 4 89133

Additional Name and address through whom performed, if any:

Name

SAME AS 11(A)

Organization

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

Street 3308 ARIZONA ST

City LAS VEGAS

State

NEVADA

ZIP Code + 4 89129

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: