

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.

1. File Number: **c 604**

Person Filing

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

Name **FRANK G BARRETA (BARRETA)**

Title **SOLE PROPRIETOR**

Organization **BARRETA & ASSOCIATES**

P.O. Box, Bldg., Room No., if any **83285**

Street

City **CAS OCEAN**

State **NU**

ZIP Code + 4 **89183-3285**

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:

12/31/06

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 **GENE KOWALIS**

Organization **LEXUS OF ORLAND PARK**

Trade Name, if any

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

Street **8485 W. 159 ST**

City **TINLEY PARK, ILL**

State

ZIP Code + 4 **60467**

7. Date entered into:

09/14/06

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

Name **JEFF / GENE KOWALIS**

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 OWNER**

14. Signed

Treasurer
(If other title, see instructions)

Title **Treasurer**

On

03/03/06

Date

760-485-2403

Telephone Number

On

Date

Telephone Number

Filer:

FRANK G BARBERA

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. ☐ 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 (C) @ \$1,200 PER DAY OR \$150 @ 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 CLIENT DESCRIBED IN ABOVE BLOCK # 9(A)

11.b. Period during which performed:

2/14/06

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 33285
Street —
City LAVERGNE
State NU

ZIP Code + 4 84133-5285

Additional Name and address through whom performed, if any:

Name N/A
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State

ZIP Code + 4

12.a. Identify subject groups of employees:

ALL BRUSHING VICT EMPLOYEES
AND MANAGEMENT REPRESENTATIVES

12.b. Identify subject labor organizations:

INT'L ASSOC. OF MECHANICS (I.A.M.)
LODGE 701
500 WEST KANFIELD ROAD
COUNTRYSIDE, ILL 60525