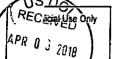
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U.S. Department of Labor Office of Labor-Management Standards AGREEMENT AND ACTIVITIES REPORT Washington, DC 202 Reset

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Form approved Office of Managemer and Budget No. 1245-0003 Expires 03-31-2019



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 Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA) Group

674057 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. SDRO 1. File Number. Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Michael Rosado Name Name President | Title Title Organization MRosadoconsultants Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bidg., Room No., if any Street 5 Quail Ct Street City Englewood City State New Jersey ZIP Code + 4 07631 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Aug 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): 7. Date entered into: Name Gargiulio 8. Name of person(s) through whom made: Organization Gargiulo Produce Name Trade Name, if any Owner P.O. Box, Bldg., Room No., if any Name Street 535 Sweetland Ave Name City Hillside Name 07205 State New Jersey ZIP Code + 4 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 s in the instructions.) Not Ready To Sign 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Title Delete On Date Telephone Number

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Filer:	•		•		File Number C-	GQE	
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- 9. Check the appropriate box to Indicate whether an object of the activities undertaken, is directly or indirectly:
 - 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 to provide consultation and information to employee about their right to organize and bargain collectively

Terms \$187.50

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

give speeches and consultation to employees about their rights to organize and bargain collectively

11.b. Period during which performed: 5/19/2016	11.c. Extent performed: fully			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization LRI	Organization			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 South Elm Place	Street			
City Broken Arrow	City			
State Oklahoma ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Drivers and Warehouse 137 employees	UFCW			
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