

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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.

677445

1. File Number: C- 67759

| Person Filing | |
|--|--|
| 2. Name and mailing address (include ZIP Code): Name Johan Pena Title Owner Organization P.O. Box, Bldg., Room No., if any Street 261 NW 57 Avenue #1 City Miami State Florida ZIP Code + 4 33126 | 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: Dec / 31 | 5. Type of person: a. <input checked="" type="checkbox"/> 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): Name Organization Ferrara Candy Co Trade Name, if any P.O. Box, Bldg., Room No., if any Street 3000 Washington Blvd City Bellwood State Illinois ZIP Code + 4 60104 | 7. Date entered into: 03 / 19 / 2018 8. Name of person(s) through whom made: Name Melanie Deckert 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 Sole Proprietor

On _____
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On _____
Date Telephone Number

| | |
|--------|---------------------|
| Filer: | File Number C-67759 |
|--------|---------------------|

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 terms made through LRI Consulting Services to communicate directly with employees regarding their rights under NLRA.

| | |
|---|---|
| Specific Activities to be Performed | |
| 11. For each activity, separately list in detail the information required (See instructions): | |
| a. Nature of activity: | |
| Engage employees regarding exercising their rights to organize and bargain collectively. | |
| 11.b. Period during which performed: | 11.c. Extent performed: |
| Various days beginning 03/19/2018 | Fully |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name Phil Wilson | Name |
| Organization LRI Consulting Services Inc | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 7850 W Elm Place, Suite E | Street |
| City Broken Arrow | City |
| State Oklahoma ZIP Code + 4 74011 | State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| Production And Maintenance Employees | Prepetition |