

# 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 BARBERA  
Title SUE PROPRIETOR  
Organization BARBERA ASSOCIATES

P.O. Box, Bldg., Room No., if any 10300 33285  
Street  
City LAS VEGAS  
State NV ZIP Code + 4 89133 3285

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

Name SAME AS #2  
Title SAME AS #2  
Organization SAME AS #2

P.O. Box, Bldg., Room No., if any  
Street 3305 ADAMS ST  
City LAS VEGAS  
State NV ZIP Code + 4 89129

### 4. Date fiscal year ends:

12/31/05

### 5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): SUE PROPRIETOR

## Nature of Agreement or Arrangement

### 6. Full name and address of employer with whom made (include ZIP Code):

Name DAVE NAUGHTON  
Organization ALLIED CAPITAL WASTE  
Trade Name, if any

P.O. Box, Bldg., Room No., if any  
Street 1730 S. DIRKSEN PKWY  
City SPRINGFIELD  
State IL ZIP Code + 4 62703

### 7. Date entered into:

3/14/05

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

Name DAVE NAUGHTON  
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

14. Signed

Treasurer  
(If other title, see instructions)

Title Treasurer

On

03/06/06 702-485-2403  
Date Telephone Number

On

Date

Telephone Number

FRANK G. BARRERA

File Number C

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 connection 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 @ \$1,200 PER DAY / \$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:

11.c. Event performed

AS NEEDED

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name FRANK G. BARRERA  
Organization BARRERA & ASSOCIATES

Name SAME AS 11(D)  
Organization

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

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

Street

Street

City

City

State

State

ZIP Code + 4

ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations:

ALL BARBAMINGTON IT EMPLOYEES  
& MANAGEMENT REPRESENTATIVES

IBT TEAMERS LOCAL 916  
2701 N. DIRKSEN PKWY  
SPRINGFIELD, ILL

62702