

Spawn List

QA
FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

675774

1. File Number: C- 68122

Person Filing

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

Name Cesar Alarcon
Title
Organization Stay Union Free, Corp
P.O. Box, Bldg., Room No., if any
Street 614 Springdale Circle
City Palm Springs
State Florida ZIP Code + 4 33461

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 ☐ 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 Calise Bakery
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2 Quality Drive
City Lincoln
State Rhode Island ZIP Code + 4 02865

7. Date entered into:

1 / 6 / 2016


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

Name Micheal Calise
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  SIGN HERE
President
(If other title, see instructions)
Title President

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

Stamp

Delete

On

1/8/16
Date

305-790-2747
Telephone Number

On

Date

Telephone Number

Clear Signatures

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.):

The fee for a day rate per consultant is \$3000 per day worked by each consultant plus travel expenses.

Specific Activities to be Performed[Add Additional Activity \(Item 11\)](#)

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

a. Nature of activity:

TEST PG CNT

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 01/19/16

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization

Sparta, Inc

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

Street 8086 S. Yale Ave # 225

City Tulsa

State Oklahoma

ZIP Code + 4

74136

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

[Add More Names \(Item 11.d\)](#)

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown