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FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

APR 29 2016

BOSTON

This report is mandatory under P.L. 86-267, 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)

625596

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-5263

Person Filing

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

Name JAMES Misercola
Title Proprietor
Organization Labor Educators LLC
P.O. Box, Bldg., Room No., if any _____
Street 325 WALNUT ST.
City Bridgewater, MA
State MA ZIP Code + 4 02324

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:

____ / ____ / ____

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 STEFANI LANK FORD
Organization SUPERMARKET ASSOCIATES
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 533 DOWERY AVE
City WIDESTO
State CA ZIP Code + 4 95350

7. Date entered into:

7 / 7 / 14

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

Name STEFANI LANK FORD
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

J. Tu

President
(If other title, see
instructions)

Title

President

14. Signed

Treasurer
(If other title, see
instructions)

Title

Treasurer

On

4.26.16

Date

774 271 2765

Telephone Number

On

Date

Telephone Number

657

Filer:

File Number C- 753

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.):

SEE ATTACHED

Specific Activities to be Performed

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

a. Nature of activity:

PERSUADE employees of employer to VOTE "NO" in a Representation Election

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name JOHN CEVALLOS

Name

Organization CEVALLOS CONSULTING GROUP INC

Organization

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

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

Street 8553 San Clemente Dr.

Street

City Rancho Cucamonga

City

State CA ZIP Code + 4 91730

State ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations:

warehouse employees
shippers, maintenance,
Helper, warehouse clerical
cleaning and
House keeping

TEAMSTERS