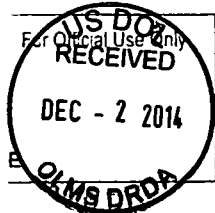


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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)



573471

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 693

### Person Filing

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

Name **GERALD O'BRIEN**  
Title **INDEPENDENT CONSULTANT**  
Organization  
P.O. Box, Bldg., Room No., if any  
Street **23 SUMMIT HEIGHTS**  
City **NORTH OAKS**  
State **MN** ZIP Code + 4 **55127**

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 **WALGREENS Co.**  
Organization  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street **104 WILMOT Rd.**  
City **DEERFIELD**  
State **ILLINOIS** ZIP Code + 4 **60015**

7. Date entered into: 11 / 4 / 14

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

Name  
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 Gerald O'Brien President  
(If other title, see instructions)  
Title CONSULTANT

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

On 11-26-14 651-261-7772  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: <b>GERALD O'BRIEN</b>	File Number C-
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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.):

**EDUCATE EMPLOYEES ABOUT THEIR RIGHTS UNDER THE NATIONAL LABOR RELATIONS ACT AND ANSWER EMPLOYEE QUESTIONS ABOUT UNIONIZATION**

**Specific Activities to be Performed**

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

a. Nature of activity:

**Group Meetings with Employees**

11.b. Period during which performed:

**11-4-14 — 11-7-14**

11.c. Extent performed:

**Completed**

11.d. Name and address through whom performed:

Name **████████ Labor Relations Institute**

Organization

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

Street **7850 South Elm Place**

City **BROKEN ARROW**

State **OKLAHOMA** ZIP Code + 4 **74013**

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

12.a. Identify subject groups of employees:

**DISTRIBUTION Center  
Employees**

12.b. Identify subject labor organizations:

**Machinists Union**

November 26, 2014

U.S. Department of Labor  
Office of Labor-Management Standards  
200 Constitution Avenue NW, Room N-5616  
Washington, DC 20210



Dear Sir/Madam:

Enclosed is a completed LM 20 form.

Please contact me if you have any question about this filing or you need any additional information.

Thank you.

A handwritten signature in black ink that reads "Gerald R. OBrien". The signature is fluid and cursive, with the first name "Gerald" and last name "OBrien" clearly legible.

Gerald R. OBrien  
23 Summit Heights  
North Oaks, MN 55127