

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 569

Person Filing

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

Name Bradley E White

Title President

Organization Interlate Systems, Inc.

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

Street 145 S. Lincolnway

City North Aurora

State Illinois

ZIP Code + 4 60542

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

Name n/a

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 John Tritt

Organization Sweet Specialty Solutions

Trade Name, if any

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

Street 1005 101st Street

City Lemont

State Illinois

ZIP Code + 4 60439

7. Date entered into:

2 / 27 / 2015

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 [Signature]

President
(If other title, see
instructions)

Title President

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 08/05/2015 630-966-0214

Date

Telephone Number

On 08/05/2015 630-966-0214

Date

Telephone Number

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.):

No Written agreement was executed. Work performed on an hourly basis, not to exceed 20K

Specific Activities to be Performed

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

a. Nature of activity:

meet with managers and employees to discuss management's response to organizational attempts

11.b. Period during which performed:

Late February/early March 2015

11.c. Extent performed:

as required

11.d. Name and address through whom performed:

Name Bradley E White

Organization Interlate Systems, Inc.

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

Street 145 S. Lincolnway

City North Aurora

State Illinois ZIP Code + 4 60542

Additional Name and address through whom performed, if any:

Name n/a

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

33 packaging & warehouse employees

12.b. Identify subject labor organizations:

Teamster