

# 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.

659695

1. File Number: C-  ~~688~~ 688

## Person Filing

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

Name  BRUCE  F  CRANFORD  
Title  CONSULTANT  
Organization   
P.O. Box, Bldg., Room No., if any   
Street  10567 BIG CANOE  
City  JASPER  
State  GA ZIP Code + 4  30143

### 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  FALICK  NORTHERN CALIF.  
Organization   
Trade Name, if any   
P.O. Box, Bldg., Room No., if any   
Street   
City  PETALUMA  
State  CALIFORNIA ZIP Code + 4

### 7. Date entered into:

/  /

### 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

  
Title  President

President  
(If other title, see  
instructions)

### 14. Signed

  
Title  Treasurer

Treasurer  
(If other title, see  
instructions)

On

12/26/17

Date

770.344.9799

Telephone Number

On

Date

Telephone Number

Filer: BRUCE F CRAWFORD

File Number C-

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.):

FALCK NORTHERN CALIFORNIA RETAINED BRUCE F CRAWFORD TO PROVIDE EDUCATION AND INFORMATION ABOUT THE NLRA.

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:

BRUCE F CRAWFORD MET WITH EMPLOYEES OF FALCK NORTHERN CALIFORNIA TO PROVIDE INFORMATION AND ANSWER QUESTIONS ABOUT THE NLRA.

11.b. Period during which performed:

9/25/17 - 10/10/17

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name BRUCE F CRAWFORD

Organization

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

Street 10567 RIG CANOE

City JASPER

State GA ZIP Code + 4 30143

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:

HOURLY EMPLOYEES AT VARIOUS STATIONS IN NORTHERN CALIFORNIA.

12.b. Identify subject labor organizations:

ASFME