U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name D Balok Name Kevin Title Consultant Title Organization Organization KDBalok and Associates P.O. Box, Bldg., Room No., if any PO Box 135 P.O. Box, Bldg., Room No., if any Street Street 1492 Pennsylvania Avenue City Pine City ZIP Code + 4 14871 ZIP Code + 4 State New York State 5. Type of person: 4. Date fiscal year ends: a X Individual b. Partnership Dec 31 Corporation d. Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 1 / 17 / 2014 Name 8. Name of person(s) through whom made: Organization Alpina Foods, Inc. Name Roger Parkhurst Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 5011 Ag-Park Drive West City Batavia Name ZIP Code + 4 State New York 14020 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.) President 14. Signed Treasurer Signed (If other title, see (If other title, see instructions) instructions) **S**ole Proprietor Title

On

Date

329-8585

Telephone Number

Telephone Number

Filer: Kevin Balok KDBalok and Associates	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.):	
Hourly rate plus reasonable travel expenses pursuant to verbal agreement.	
	<del></del>
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction	ions):
a. Nature of activity:	
To assist the Employer named above in communication(s) with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. Assist in conducting employee meetings and preparing written communications during the period immediately prior to the conduct of representation election.	
11.b. Period during which performed:	11.c. Extent performed:
1/20/2014	pending/on-going
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Roger Parkhurst	Name
Organization Alpina Foods, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5011 Ag=Park Drive West	Street
City Batavia	City
State New York ZIP Code + 4 14020	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Unit designation, regular production operators/workers, maintenance, and other relief employees	International Brotherhood of Teamsters

File Number C-