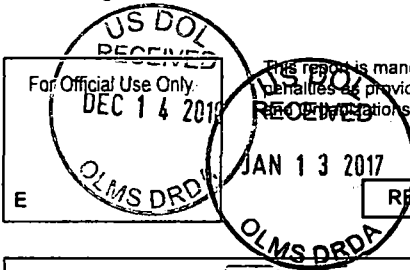


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019

AMINDA



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, Reporting 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.

631122

1. File Number: C-495

## Person Filing

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

Name: John Hawkins  
Title: President  
Organization: Management Performance FTL  
P.O. Box, Bldg., Room No., if any:  
Street: 11500 Northlake Dr Suite 105  
City: Cincinnati  
State: OH ZIP Code + 4: 45249

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:

Sept / 16

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: Dean Williamson  
Organization: DOLLAR TREE EXPRESS  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street: 7520 Independence BLVD  
City: Charlotte  
State: NC ZIP Code + 4: 28227

7. Date entered into:

9 / 29 / 2016

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

Name: Dean Williamson  
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: John Hawkins  
Title: President

President  
(If other title, see instructions)

14. Signed: John Hawkins  
Title: Treasurer

Treasurer  
(If other title, see instructions)

On: Dec 14, 2016 Date  
513 721 6611 Telephone Number

On: Dec 22, 2016 Date  
513 721 6611 Telephone Number

89

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.):

WRITTEN AGREEMENT ATTACHED

#### Specific Activities to be Performed

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

a. Nature of activity:

THE KEY ACTIVITY WAS TO PROVIDE CONSULTANT SUPPORT AND PERSUASION  
THE HOURLY AND FULL TIME PART TIME EMPLOYEES OF DOLLAR ~~STORE~~ EXPRESS  
GLENVIEW AND MILFORD STORE LOCATIONS TO VOTE "NO" IN  
A REPRESENTATION ELECTION.

11.b. Period during which performed:

AUGUST 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name DOLLAR HAWKINS  
Organization MANAGEMENT PERFORMANCE INT'L  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 11500 NORTH LEXIE DR., SUITE 105  
City CINCINNATI  
State OH ZIP Code + 4 45249

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:

ALL FULL TIME HOURLY AND  
REGULAR PART TIME EMPLOYEES  
FOR DOLLAR ~~STORE~~ EXPRESS AT  
THEIR GLENVIEW AND MILFORD  
STORE LOCATIONS

12.b. Identify subject labor organizations:

UFCW 75