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.

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1. File Number: C- 6625	
Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Rebecca Smith	Name
Title Owner	Title
Organization Rock Creek Consulting LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 554 Mahard Dr	Street
City Twin Falls	City
State Idaho ZIP Code + 4 83301	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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):	7. Date entered into: 10 / 18 / 2017
Name James Scott Orr	Name of person(s) through whom made:
Organization Smart Transportation	Name Byron Clay
Trade Name, if any	Name
P.O. Box, Bidg., Room No., if any	
Street 16888 McKinley Ave	Name
City Lathrop	Name
State California ZIP Code + 4 95330	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President Title President President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Treasurer (If other title, see instructions)
On 12/06/2017 702-494-8416 Date Telephone Number	On Date Telephone Number

Redecca Smith Rock Creek Consulting LLC	The Number C- GOLZ	
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.):		
Subcontracted to conduct meetings with all travel costs being paid for by the employer		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
petition meetings with employees either in groups or individually		
11.b. Period during which performed:	11.c. Extent performed:	
10/23/2017 - 11/13/2017	completely	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Byron Clay	Name	
Organization Reliant Labor Consulting	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg:, Room No., if any	
Street 10108 Fehlberg Ct	Street	
City St John	City	
State Indiana ZIP Code + 4 46373	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Drivers and Dispatch	Teamsters	
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