

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

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.

689312

1. File Number: C- 66125

Person Filing

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

Name: Rebecca Smith
Title: owner
Organization: Rock Creek Consulting LLC
P.O. Box, Bldg., Room No., if any:
Street: 554 Mahard Dr
City: Twin Falls
State: Idaho ZIP Code + 4: 83301

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 / 18

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:
Organization: Taylor Farms
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 406-A Heron Dr
City: Swedesboro
State: New Jersey ZIP Code + 4: 08085

7. Date entered into:

08 / 20 / 2018

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 9-17-18 Date 702-494-8416 Telephone Number

On _____ Date _____ Telephone Number

Filer:

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.):

Time, Materials, and travel expenses

Specific Activities to be Performed

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

a. Nature of activity:

Persuade employees to be union free

11.b. Period during which performed:

8/22/18 - 9-8-18

11.c. Extent performed:

completely

11.d. Name and address through whom performed:

Name Alex Casselas

Organization Alliance Labor Relations

P.O. Box, Bldg., Room No., if any Suite 342

Street 3195 Chino Hills Pkwy

City Chino Hills

State CA ZIP Code + 4 91709

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:

Truck Drivers

12.b. Identify subject labor organizations:

Teamsters