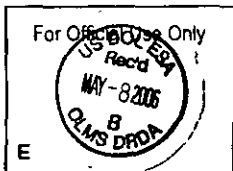


FORM LM-20

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.

1. File Number: C-610

Person Filing <i>Aurbin T. Dickey, dba Dickey & Associates</i>	
2. Name and mailing address (include ZIP Code):	
Name <i>Aurbin T. Dickey</i>	3. Any other address where records necessary to verify this report are kept:
Title <i>Proprietor</i>	Name
Organization <i>Dickey & Associates</i>	Title
P.O. Box, Bldg., Room No., if any	Organization
Street <i>593 Woodcliff Dr.</i>	P.O. Box, Bldg., Room No., if any
City <i>Baton Rouge, LA</i>	Street
State <i>LA</i>	City
ZIP Code + 4 <i>70815-5555</i>	State
	ZIP Code + 4
4. Date fiscal year ends: <i>12/31</i>	5. Type of person:
	<input checked="" type="radio"/> 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 <i>William H. Hopkins, President</i>	7. Date entered into: <i>3/1/06</i>
Organization <i>UFCW Local Union 455</i>	8. Name of person(s) through whom made:
Trade Name, if any	Name <i>William H. Hopkins</i>
P.O. Box, Bldg., Room No., if any	Name
Street <i>121 Northpoint Dr.</i>	Name
City <i>Houston</i>	Name
State <i>TX</i>	Name
ZIP Code + 4 <i>77060-3207</i>	

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 *Aurbin T. Dickey* President
(If other title, see instructions)
Title *Proprietor*

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On *5-1-06* *825-272-2758*
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing: <u>Aurbin T. Dickey</u>	File Number C-
--	----------------

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer:	UNITED FOOD & COMMERCIAL WORKERS UNION, LOCAL 455	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To	William H. Hopkins	City	
Title	President	State	ZIP Code + 4
5.b. Termination Date		5.c. Amount <u>14,873</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<u>14,873</u>	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<u>AURBIN T. Dickey</u>	<u>12000</u>	<u>4873</u>	<u>14873</u>	9. Office and Administrative Expenses <u>2607</u>
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements <u>1348</u>
8. Total disbursements to officers and employees: <u>12000</u> <u>14873</u>				14. Total Disbursements (Sum of Items 8-13) <u>3955</u>

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <u>UNITED FOOD & COMMERCIAL WORKERS, LOCAL UNION 455</u>	15.b. Trade Name, if any:
15.c. To Whom Paid <u>Dickey & Associates</u>	15.d. Amount <u>\$5,243.13</u>
Name: <u>Aurbin T. Dickey</u>	15.e. Purpose <u>ASSIST UNION ORGANIZATIONS IN OBTAINING AUTHORIZATION FOR REPRESENTATION, EMPLOYEES OF NAN YA PLASTICS CORP., AND ASSIST IN PERSUADING SAID EMPLOYEES EXERCISE RIGHT TO VOTE FOR UNION REPRESENTATION</u>
Title: <u>Proprietor</u>	
Organization: <u>Dickey & Associates</u>	
P.O. Box, Building and Room Number, if any	
Street: <u>593 Woodcliff DR</u>	
City: <u>Baton Rouge, LA 70815</u>	
State: <u>LA</u> ZIP Code: <u>70815-6665</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	