

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.

654845

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 ID 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:

12 / 31

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 Tom Kunarcik
Organization Krispy Kreme
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 370 Knollwood St
City Winston-Salem
State NC ZIP Code + 4 27103

7. Date entered into:

6 / 13 / 2017

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

Rebecca M Smith

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

8-25-17

Date

702-494-8416

Telephone Number

On

Date

Telephone Number

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.):

\$1500 plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees of rights under MRA

11.b. Period during which performed:

6-13-17 to 6-23-17

11.c. Extent performed:

Full

11.d. Name and address through whom performed:

Name Russ Brown

Organization Road Warrior Productions

P.O. Box, Bldg., Room No., if any 372636

Street

City Satellite Beach

State FL ZIP Code + 4 32937

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:

Route Drivers

12.b. Identify subject labor organizations:

UFCW 75