

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

498624

1. File Number: C- ~~637~~ 637

Person Filing	
2. Name and mailing address (include ZIP Code): Name Fred Grubb Title Managing Partner Organization Grubb Quist & Associates, LLC P.O. Box, Bldg., Room No., if any Street 12 South Main Street City Waterbury State Vermont ZIP Code + 4 05676	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: Mar / 8	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Clint Woodman Organization Woodman's Food Markets, LLC Trade Name, if any P.O. Box, Bldg., Room No., if any Street 2631 Liberty Lane City Janesville State Wisconsin ZIP Code + 4 53545	7. Date entered into: 1 / / 2008 8. Name of person(s) through whom made: Name Clint Woodman 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 [Signature]  
Title President

President  
(If other title, see instructions)

14. Signed \_\_\_\_\_  
Title Treasurer

Treasurer  
(If other title, see instructions)

On 6/6/12 802-279-5816  
Date 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.):

Representative in all matters before the NLRB.

**Specific Activities to be Performed**

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

a. Nature of activity:

There were meetings with employees in early 2008 to discuss a Representation Hearing scheduled as a result of an RD petition. A representative of Grubb Quist & Associates was present at these meetings.

11.b. Period during which performed:

Jan - Mar 2008

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Bargaining unit employees.

12.b. Identify subject labor organizations:

UFCW Local 1473