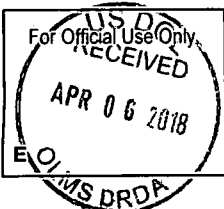


FORM LM-20

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.

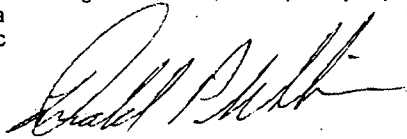

674088

1. File Number: C- 00525

Person Filing	
2. Name and mailing address (include ZIP Code): Name Phillip B Wilson Title Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	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 / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Dollar General Corporation Trade Name, if any P.O. Box, Bldg., Room No., if any Street 100 Mission Ridge City Goodlettsville State TN ZIP Code + 4 37072	7. Date entered into: 12 / 14 / 2017 8. Name of person(s) through whom made: Name Bob Ravener 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) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete in all material respects (as defined in the instructions.)			
13. Signed 	President (If other title, see instructions)	14. Signed 	Treasurer (If other title, see instructions)
Title CEO		Title President	
On 3/14/2018	918-455-9995	On 3/14/2018	918-455-9995
Date	Telephone Number	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.):

Verbal agreement. \$3,000 per day per consultant plus reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 12/16/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Eric Vanetti

Organization

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

Street 18632 River Crossing Blvd

City Davidson

State North Carolina ZIP Code + 4 28036

Additional Name and address through whom performed, if any:

Name Benjamin Johnson

Organization Progressive Labor Solutions

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

Street 55 Biggs Street

City Barre

State VT ZIP Code + 4 05641

12.a. Identify subject groups of employees:

Cashiers, Clerks, Stockers

12.b. Identify subject labor organizations:

Food & Commercial Workers

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Patrick O'Mara

Organization OMara & Associates LLC

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

Street PO Box 2624

City Novato

State CA ZIP Code + 4 94948

Additional Name and address through whom performed, if any:

Name Amed Santana

Organization Santana International Inc

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

Street 7049 Westwind Dr., Suite 6001

City El Paso

State Texas ZIP Code + 4 79912

Additional Name and address through whom performed, if any:

Name Michael Rosado

Organization M Rosado Management Consultants LLC

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

Street 5 Quail Court

City Englewood

State NJ ZIP Code + 4 07024

Additional Name and address through whom performed, if any:

Name Joseph Brock

Organization East Coast Labor Relations LLC

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

Street 515 S Gull Lake Drive

City Richland

State MI ZIP Code + 4 49083

12.a. Identify subject groups of employees:

Cashiers, Clerks, Stockers

12.b. Identify subject labor organizations:

Food & Commercial Workers

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Mark Lema

Organization LAAHR Corporation

P.O. Box, Bldg., Room No., if any Po Box 129

Street

City Burlington

State New Jersey ZIP Code + 4 08016

Additional Name and address through whom performed, if any:

Name Michael Ciabattoni

Organization MSC Labor Relations and Legislative

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

Street 27 Catherine Court

City Bear

State Delaware ZIP Code + 4 19701

Additional Name and address through whom performed, if any:

Name Carina Hunt

Organization C Hunt Management Consulting Inc

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

Street 909 Champions Court

City Roanoke

State TX ZIP Code + 4 76262

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:

Cashiers, Clerks, Stockers

12.b. Identify subject labor organizations:

Food & Commercial Workers