

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

This report is mandatory under P.L. 88-257, 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-16125

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:

12/31/2013

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 Sodi Ardnt
Organization Coway Olejniczak & Jerry
Trade Name, if any Silvan / Samuel Pro Corp
P.O. Box, Bldg., Room No., if any
Street 2121 Cleveland Ave
City Marquette
State MI ZIP Code + 4 54143

7. Date entered into:

11/15/13

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 [Signature] President
(If other title, see instructions)
Title President

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

On 12-26-13 Date 202-454-8416 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.):

Daily Rate and expenses

Specific Activities to be Performed

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

a. Nature of activity: Captive Audience

11.b. Period during which performed:

11/18/13 - 12/13/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Phil Wilson

Organization LRI

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

Street 7850 South Elm ST

City Broken Arrow

State OK

ZIP Code + 4

74013

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:

welders / Fabricators

12.b. Identify subject labor organizations:

plumbers