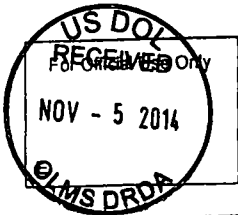


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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. 438 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.

572878 421

1. File Number: C-

Person Filing	
2. Name and mailing address (Include ZIP Code):	
Name	SANFORD RUDNICK
Title	LABOR CONSULTANT
Organization	H. SANFORD RUDNICK & ASSOC
P.O. Box, Bldg., Room No., if any	
Street	1200 MT. DIABLO BLVD. S105
City	WALNUT CREEK, CA 94596
State	CA. ZIP Code + 4 94596
3. Any other address where records necessary to verify this report are kept:	
Name	NO
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
4. Date fiscal year ends:	5. Type of person:
12 / 31	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (Include ZIP Code):	
Name	GARY BUTTON
Organization	REDWOOD DEBRIS BOX TRUCKING INC
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	350 LANG ROAD
City	BURLINGAME CA 94910
State	CA ZIP Code + 4 94910
7. Date entered into: 6 / 20 / 14	
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	14. Signed
Title President	Title Treasurer
On 11-4-14	On 11-4-14
Date	Date
925-256-0660	925-256-0660
Telephone Number	Telephone Number

Filer:

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.):

SEE ATTACHED RETAINER

Specific Activities to be Performed

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

a. Nature of activity:

Discussion of NLRB rules and regulations concerning how employees can vote for or against a Union during an election.

11.b. Period during which performed:

6-20-14 TO 7-31-14

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name GARY BUTTON

Organization

BEDWOOD DEBRIS BOX TRUCKING INC

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

Street 350 LANG ROAD

City BURLINGAME

State CA

ZIP Code + 4 94910

Additional Name and address through whom performed, if any:

Name NA

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

TRUCK DRIVERS

12.b. Identify subject labor organizations:

TEAMSTERS 853