

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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.

1. File Number:

c- 710

Person Filing

2. Name and mailing address (include ZIP Code):

Name

SCOTT MICHAEL

Title

Organization

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

Street

819 Herman Ave

City

Husham

State

PA



ZIP Code + 4

19041

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



11

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

Organization DAIRY FARMERS OF AMERICA, INC

Trade Name, if any

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

Street

10220 N. AMBASSADOR DR.

City

KANSAS CITY

State

~~KANSAS~~ MO



ZIP Code + 4

64153

7. Date entered into:

12 / 15 / 09

8. Name of person(s) through whom made:

Name

Annette

REGAN

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

Scott Michael

President
(If other title, see
instructions)

Title

14. Signed

Title

Treasurer
(If other title, see
instructions)

On

7/25/11

Date

215-688-8836

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.):

Verbal agreement to provide consultation & to give speeches to employees about exercising their right to organize & Bargain collectively. Terms are \$187.50 per hr. & expenses.

Specific Activities to be Performed

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

a. Nature of activity:

To provide consultation & give speeches to employees regarding their rights to organize & Bargain collectively.

11.b. Period during which performed:

VARIOUS DAYS BEGINNING 12/17/09

11.c. Extent performed:

FULLY PERFORMED

11.d. Name and address through whom performed:

Name
Organization *LRI CONSULTING SERVICES, INC.*
P.O. Box, Bldg., Room No., if any
Street *7850 S-ELM PLACE, SUITE E*
City *BROKEN ARROW*
State ZIP Code + 4 *74011*

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:

*Production, Maintenance,
Shipping & Receiving*

12.b. Identify subject labor organizations:

TEAMSTERS