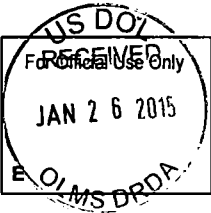


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

575688

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-160210

Person Filing

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

Name John M. Schemm

Title Individual

Organization

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

Street 845 The Esplanade N. Unit 403

City Venice

State Florida

ZIP Code + 4 34285

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. ☒ 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 Donna Robbins

Organization DPI Dedicated Logistics

Trade Name, if any Sub of DPI Specialty Foods

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

Street 930 Rockefeller Ave.

City Ontario

State California

ZIP Code + 4 91761

7. Date entered into:

12 / 24 / 2014

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

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Not Applicable

On 1/24/2014

Date

941-830-0600

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.):

Hourly fee plus related expenses. No written contract

Specific Activities to be Performed

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

a. Nature of activity:

To explain the NLRA and NLRB procedures regarding representation elections to employees as well as to present facts to persuade those employees to vote no.

11.b. Period during which performed:

12/29/2014-6/30/2015

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Donna Robbins

Organization DPI Dedicated Logistics

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

Street 930 Rockefeller Ave.

City Ontario

State California ZIP Code + 4 91761

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:

hourly paid non-union employees of the above listed Company

12.b. Identify subject labor organizations:

Rec'd
1/26/15