

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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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.

658675

1. File Number: C- 67257

### Person Filing

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

Name Joseph Brock  
Title President  
Organization Reliant Labor Consultants  
P.O. Box, Bldg., Room No., if any  
Street 10108 Fehlberg Court  
City St John  
State Indiana ☒ ZIP Code + 4 46373

#### 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 ☒ / 17

#### 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 Eric Pifer  
Organization Save Mart  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 1800 Standiford Ave  
City Modesto  
State California ☒ ZIP Code + 4 95352

#### 7. Date entered into:

9 / 20 / 2017

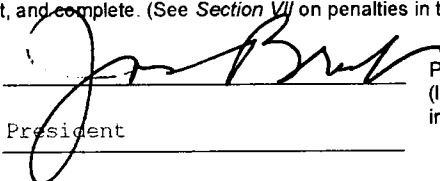
#### 8. Name of person(s) through whom made:

Name  
Name  
Name  
Name  
Name

### Signatures

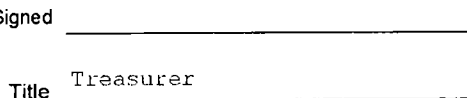
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

  
Title President

President  
(If other title, see  
instructions)

14. Signed

  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 12-3-17  
Date

215-840-2088  
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.):

No written agreements. We were engaged by Save Mart to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union.

#### Specific Activities to be Performed

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

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union

11.b. Period during which performed:

starting 9/20/17

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Byron J Clay

Organization BJC & Associates

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

Street 10108 Fehlberg Court

City St John

State Indiana ZIP Code + 4 46373

Additional Name and address through whom performed, if any:

Name Rebecca Smith

Organization Rock Creek Consulting

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

Street 554 Mahard Dr

City Twin Falls

State Idaho ZIP Code + 4 83301

12.a. Identify subject groups of employees:

Truck Drivers

12.b. Identify subject labor organizations:

Teamsters

## 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.

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## Specific Activities to be Performed

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## a. Nature of activity:

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## 11.b. Period during which performed:

starting 9/20/17

## 11.c. Extent performed:

ongoing

## 11.d. Name and address through whom performed:

Name Jason Greer

Organization Greer Consulting Inc

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

Street 4301 Hawkins Ridge Dr

City St Louis

State Missouri ZIP Code + 4 63129

## 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:

Truck Drivers

## 12.b. Identify subject labor organizations:

Teamsters