U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019



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. 6657 1. File Number: **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Michael Name Swinton Title Title President Organization Presidio Executive Consultants, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 404 Presidio Court City City Southlake ZIP Code + 4 76092-6042 ZIP Code + 4 State Texas State 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): LLC (S-Corp) Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2018 Name 8. Name of person(s) through whom made: Organization Nestle Waters North America Inc. Name Kristine Garberding Trade Name, if any Name Nancy DiRienzo P.O. Box, Bldg., Room No., if any Building 2 Name Street 900 Long Ridge Road City Stamford Name ZIP Code + 4 State Connecticut 06902-1138 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 · 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Sole Proprietor Title Telephone Number Date

Filer: Michael	Swinton	Presidio Ex	xecutive Consultants	, LLC	File Number C-	66>7/
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:						
a. To persu collectiv	uade employees vely through rep	s to exercise or not t resentatives of their	to exercise, or persuade emplo own choosing.	byees as to the manner of	f exercising, the righ	t to organize and bargain
b. To supp such en	ly an employer on ployer of the ployer, except	with information con information for use	ncerning the activities of emplo solely in conjunction with an a	yees or a labor organizati dministrative or arbitral pr	ion in connection wi oceeding or a crimin	th a labor dispute involving nal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

As a recently retired Human Resources Executive for the Employer, Michael Swinton met with employees on January 5, 2018 to advise them of their right not to be represented by a labor union and to encourage a vote for no union representation. No written agreement relative to the arrangement exists. Consultant was not compensated, but received reimbursement for travel expenses.

Specific Activities to be Performed

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

Consultant met with employees in a group setting at the Employer's Milpitas, CA facility on January 5, 2018. Meetings were conducted to advise employees of their right not to be represented by a labor union and to encourage a vote for no union representation.

11.b. Period during which performed:	11.c. Extent performed:		
January 5, 2018	Consultant activities completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Michael Swinton	Name		
Organization Presidio Executive Consultants, LLC	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 404 Presidio Court	Street		
City Southlake	City		
State Texas ZIP Code + 4 76092-6042	State ZIP Code + 4		
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
ReadyRefresh Service Representatives identified in the Stipulated Election Agreement, as well as other employees working at the Milpitas, CA location serving in classifications such as coffee service, forklift operator, and inventory specialist.	International Brotherhood of Teamsters, Local 85		