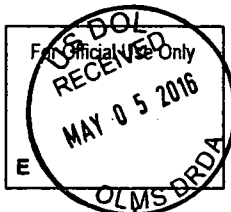


# FORM LM-20

## 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. 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)

619486

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65931

### Person Filing

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

Name Michael S Ciabattoni

Title Principal

Organization MSC Labor Relations and Legislative Cons

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

Street 27 Catherine Court

City Bear

State Delaware

ZIP Code + 4 19701

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): LLC

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Michelle Heidt

Organization

Trade Name, if any Ozarks Coca Cola

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

Street 1777 North Packer Road

City Springfield

State Missouri

ZIP Code + 4 65803

7. Date entered into:

9 / 8 / 2015

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 Other (Specify)

Principal

On 04/26/2016

Date

Telephone Number

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

Educate employees on the NLRA and associated State and Federal Laws.

11.b. Period during which performed:

Various days begining 9/11/15

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Route distribution employees, plant employees, including dockmen and plant or equipment maintenance employees working if the soft drink beverage department, working foremen, and production/warehouse janitors, conventional route distribution employees, full service deliverymen, bulk distribution employees, merchandized distribution employees, non-merchandized distribution employees, and utility distribution employees

12.b. Identify subject labor organizations:

Teamsters