

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. 1215-0188 Expires 09-30-2011



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.

	4409(0(0					
1. File Number: C-712	-					
					·	
Person Filing						
2. Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:			
Name Dennis R Murphy		Name				
Title Partner		Title				
Organization Murphy Austin Adams Schoenfeld LLP		Organization				
P.O. Box, Bldg., Room No., if any P.O. Box 1319			P.O. Box, Bldg., Room No., if any			
Street 304 "S" Street			Street			
City Sacramento			City			
State California ZIP Code + 4 95811		State ZIP Code + 4				
4. Date fiscal year ends:	5. Type of person:				-	
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):				
Nature of Agreement or Arrangem		<u> </u>				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 11 / 9 / 2010				
Name Chris Kovach						
Organization Nor-Cal Beverage Co., Inc.			8. Name of person(s) through whom made:			
Trade Name, if aniÿ			Name Chris Kovach			
P.O. Box, Bldg., Room No., if any			Name Shannon Deary Bell			
Street 2286 Stone Boulevard			Name Dennis R Murphy			
City West Sacramento			Name			
State California	ZIP Code + 4 95691	Name				
	Sign	atures		-		
the information contained in any accepture, correct, and complete. (See Set 13. Signed Title Other (Specify)	nder penalty of perjury and other applicable ompanying documents) has been examined clien VII on penalties in the instructions.) President (If other title, see instructions)	e penalties of I d by the signat 	aw, that all of the inforory and is, to the best	of the undersigned's kno	report (including wledge and belief, Treasurer (If other title, see instructions)	
Attorney			· ·			
On 11/18/2010	(916) 446-2300	On				
Date	Telephone Number		Date	Telephone Number	•	

Filer: Dennis Murphy Murphy Austin Adams Schoenfeld	LLP	File Number C-				
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.						
40. The second section of the second sections with the second section of the section of the section of the sec	must be attached):					
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Provide services to Nor-Cal Beverage Co., Inc. at the standard hourly rate charged to Nor-Cal by this						
firm for other legal matters.						
•						
		·				
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instructions):						
a Nature of activity: Provide explanation to Nor-Cal Beverage Co. Employees Union members regarding their vulnerability to a						
takeover by other unions as a result of a merger						
11.b. Period during which performed:	11.c. Extent performed:					
November 15, 2010 thru December 31,	None					
11.d. Name and address through whom performed:	Additional Name and addre	ss through whom performed, if any:				
Name Dennis R Murphy	Name					
Organization Murphy Austin Adams Schoenfeld LLP	Organization					
P.O. Box, Bldg., Room No., if any P.O. Box 1319	P.O. Box, Bldg., Room No., if any					
Street 304 "S" Street	Street					
City Sacramento	City					
State California ZIP Code + 4 95811	State	ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Employees of Nor-Cal Beverage Co., Inc.	Nor-Cal Beverage Co. Employees Union					