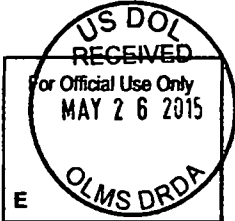


FORM LM-20

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. 88-257, 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.

593199

1. File Number: C-66575

Person Filing

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

Name Dale Baker
Title
Organization
P.O. Box, Bldg., Room No., if any
Street 9515 Lake View Drive
City Atascadero
State California ZIP Code + 4 93422-4948

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
Organization Nestle Waters North America Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 900 Long Ridge Road
City Stamford
State Connecticut ZIP Code + 4 06902-1128

7. Date entered into:

4 / 22 / 2015

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

Name Patrick O'Sullivan
Name James Schmoller
Name
Name
Name

Signatures

Dale Baker 5/19/2015

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

Dale Baker

President
(If other title, see
instructions)

Title RETIRED

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

5/19/2015

Date

(480) 273-5644

Telephone Number

On

Date

Telephone Number

Filer: Dale Baker

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.

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

As a recently retired Distributor Manager for the Employer, I met with employees on 4/27, 4/28, and 4/29 (2015) to advise them of their right not to be represented by a labor union and to discuss my positive experiences with the Employer. 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:

I met with Route Sales Representatives, Coffee/Point of Use Representatives, and Unit Leaders in Bakersfield, California, as well as employees in similar positions in Ventura, CA and Santa Maria, CA. Meetings were conducted to advise employees of their right not to be represented by a labor union and to discuss my positive experiences with the Employer.

11.b. Period during which performed:

April 27-29, 2015

11.c. Extent performed:

Consultant activities completed.

11.d. Name and address through whom performed:

Name Dale Baker

Organization

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

Street 9515 Lake View Drive

City Atascadero

State California

ZIP Code + 4 93422-4948

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 Sales Representatives, Coffee/Point of Use Representatives, Unit Leaders, and similarly situated employees at the Employer's facilities located in Bakersfield, Ventura, and Santa Maria, California.

12.b. Identify subject labor organizations:

Teamsters Joint Council 42, International Brotherhood of Teamsters