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.

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MS DROY	
1. File Number: C- 0027/2	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Philip Craft	Name Debbie O'Kelley
Title President	Title Administrative Assistant
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3001 West Big Beaver Road	Street 17235 Lechlade Lane
City Troy	City Dallas
State Michigan ZIP Code + 4 48084-3105	State Texas ZIP Code + 4 75252
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a. Individual b. Partnership	c.XCorporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Dan  Downard	7. Date entered into:
Organization Lamb Weston Inc	Name of person(s) through whom made:
Trade Name, if any	Name Dan Downard
P.O. Box, Bldg., Room No., if any	Name
Street 77 Highway 609	Name
City Delhi	Name
State Louisiana ZIP Code + 4 71232-6570	Name ( ) September 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President (If other title, see instructions)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signad  Treasurer (If other title, see instructions)
On 3/19/18 248-922-0141  Date Telephone Number	On 3/19/18 248-922-0141 Telephone Number

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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.):		
Oral agreement for services rendered during the union campaign		
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and the second s		
Consider Assistants to be Destaurant		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	tions):	
a. Nature of activity:		
To answer questions of management and employees co	ncerning the law so as to not violate the employee's	
rights or the rights of the union.		
44 David Advisor White washington	11.c. Extent performed:	
11.b. Period during which performed: 5/5/17-6/2/17	complete	
3/3/11-0/2/11		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Name	HOUSE Control to the second se	
Organization CBC Consulting, LTD	Organization	
Organization	Process Transferring Auto-Contract and Artificial Artificial Annual Artificial Artificia	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
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Street 3001 West Big Beaver Road	Street	
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City Troy	City	
State Michigan 7 ZiP Code + 4 48684-3105	pa sourcest , requiremental control and an experience of the exper	
State Michigan ZIP Code + 4 48084-3105	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production, Maintenance and Quality Employees	UFCW Local 455	
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