

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

676602

1. File Number: C- 00633

<b>Person Filing:</b>	
2. Name and mailing address (include ZIP Code):	
Name Michael D Penn	3. Any other address where records necessary to verify this report are kept:
Title Partner	Name
Organization The Crossroads Group	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 63 Via Pico Plaza, Suite 505	P.O. Box, Bldg., Room No., if any
City San Clemente	Street
State California ZIP Code + 4 92672	City
4. Date fiscal year ends:	State ZIP Code + 4
Dec / 31	5. Type of person:
	a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Angela M French	7. Date entered into: 3 / 16 / 2018
Organization Coca-Cola Bottling Co. Consolidated	8. Name of person(s) through whom made:
Trade Name, if any	Name Angela M French
P.O. Box, Bldg., Room No., if any	Name
Street 4100 Coca-Cola Plaza	Name
City Charlotte	Name
State North Carolina ZIP Code + 4 28211	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 Michael Dana Penn

President  
(If other title, see instructions)

Title Other (Specify)

Partner

14. Signed [Signature]

Treasurer  
(If other title, see instructions)

Title Other (Specify)

Partner

On 04/20/2018

Date

818-999-5632

Telephone Number

On 4/24/2018

Date

949-248-0884

Telephone Number

Filer: Michael Penn      The Crossroads Group	File Number C- 00633
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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.):

Payment on a fee-for-service basis at the hourly rate of \$375.00 plus reasonable and customary expenses

<b>Specific Activities to be Performed</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>To assist the Employer in advising its employees of their Section 7 rights and furnish them with information regarding third-party representation</p>	
<p>11.b. Period during which performed:</p> <p>03/19 - 04/18/18</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Michael D Penn</p> <p>Organization The Crossroads Group</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 63 Via Pico Plaza, Suite 505</p> <p>City San Clemente</p> <p>State California ZIP Code + 4 92672</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time delivery merchandisers, lead merchandisers, warehouse employees, lead warehouse employees, bulk account managers (BAMs), account developers (ADs), equipment service technicians, and route specialists employed by the Employer at or out of its facility located in Beckley, WV</p>	<p>12.b. Identify subject labor organizations:</p> <p>IBT Local 175</p>