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 10-31-2013



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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1. File Number: C- 65771		·	
Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Stephen Wardrop		Name	
Title President		Title	
Organization Wardrop Labor	r Consulting LLC	Organization	
P.O. Box, Bldg., Room No., if ar	ny	P.O. Box, Bldg., Room No., if any	
Street 3473 Johnson Ferry	y Road	Street	
City Roswell		City	
State Georgia	ZIP Code + 4 30075	State ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:		
Dec / 31	a. Individual b. Partners	hip c. Corporation d. X Other (Specify):	
Nature of Agreement or Arrang	<u> </u>		
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 6 / 18 / 2018	
Name			
Organization Dollar General Corporation		8. Name of person(s) through whom made:	
Trade Name, if any		Name Bob Ravener	
P.O. Box, Bldg., Room No., if any	у	Name	
Street 100 Mission Ridge		Name	
City Goodlettsville		Name	
State TN	ZIP Code + 4 37072	Name	
	S	ignatures	
the information contained in any	s, under penalty of perjury and other applica accompanying documents) has been exam Section VII on penalties in the instructions	able penalties of law, that all of the information submitted in this report (including ined by the signatory and is, to the best of the undersigned's knowledge and belief	
13. Signed Teiphen	President (If other title, see instructions)	14. Signed Treasurer (If other title, see	
Title President	manacaons)	Titleinstructions)	
On 7/18/2018	770-641-0031	On	
Date	Telephone Number	Date Telephone Number	

Filer: Wardrop Labor Consulting LLC		File Number C- 65771		
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.):				
Verbal agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.				
Specific Activities to be Performed				
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11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.				
11.b. Period during which performed:	11.c. Extent performed:			
various days beginning 6/19/18	Fully Performed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Phillip B Wilson	Name			
Organization LRI Consulting Services, Inc.	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 7850 South Elm Place, Suite E	Street			
City Broken Arrow	City			
State Oklahoma ZIP Code + 4 74011	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
various employees	pre-petition			
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