

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

670141

1. File Number: C- 00272

Person Filing	
2. Name and mailing address (include ZIP Code): Name Philip Craft Title President Organization CBC Consulting, LTD P.O. Box, Bldg., Room No., if any Street 3001 West Big Beaver Road City Troy State Michigan ZIP Code + 4 48084-3105	3. Any other address where records necessary to verify this report are kept: Name Debbie O'Kelley Title Administrative Assistant Organization CBC Consulting, LTD P.O. Box, Bldg., Room No., if any Street 17235 Lechlade Lane City Dallas State Texas ZIP Code + 4 75252
4. Date fiscal year ends: Dec / 31	5. Type of person: a <input type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input checked="" type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify)

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Dan Downard Organization Lamb Weston Inc Trade Name, if any P.O. Box, Bldg., Room No., if any Street 856 Russet St City Twin Falls State Idaho ZIP Code + 4 83301	7. Date entered into: 6 / 12 / 2017 8. Name of person(s) through whom made: Name Dan Downard Name Name Name 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 Title President On 3/19/18 Date 248-922-0141 Telephone Number	14. Signed Title Chairman On 3/19/18 Date 248-922-0141 Telephone Number
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Filer:

00272 Philip Craft

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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

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To answer questions of management and employees concerning the law so as to not violate the employee's rights or the rights of the union. Included would be group meetings with employees.

11.b. Period during which performed:

6/12/17-7/15/17

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, LTD

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

Street 3001 West Big Beaver Road

City Troy

State Michigan

ZIP Code + 4 48084-3105

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:

Production, Maintenance and Quality Employees

12.b. Identify subject labor organizations:

Teamsters Local 483