

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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.

1. File Number: c 66125

### Person Filing

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

Name Rebecca Smith  
Title Owner  
Organization Rock Creek Consulting LLC  
P.O. Box, Bldg., Room No., if any  
Street 554 Mahand Dr  
City Twin Falls  
State ID ZIP Code + 4 83301

#### 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:

12/31/2013

#### 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 Jodi Arndt  
Organization Conway Olejniczak & Jerry  
Trade Name, if any Silvan / Samuel Pressure Vessel  
P.O. Box, Bldg., Room No., if any  
Street 221 Cleveland Ave  
City Marquette  
State WI ZIP Code + 4 54143

#### 7. Date entered into:

9/15/13

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

Name Phil Wilson  
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

President  
(if other title, see  
instructions)

#### 14. Signed

Title Treasurer

Treasurer  
(if other title, see  
instructions)

On 10-24-13 702-494-8416  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

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.):

daily rate plus expenses

#### Specific Activities to be Performed

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

a. Nature of activity: captive audience meetings

11.b. Period during which performed:

9/16/13 to 9/20/13

11.c. Extent performed:

meetings

11.d. Name and address through whom performed:

Name Phil Wilson

Organization CRT

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

Street

City

State

ZIP Code + 4

74013

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:

welders and fabricators

12.b. Identify subject labor organizations:

plumbers