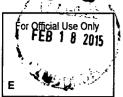
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 66018		and the second of the second o		
Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Charles R Stephenson		Name		
Title Member		Title		
Organization CRS Labor Relations Solutions		Organization		
P.O. Box, Bldg., Room No., if any Suite M		P.O. Box, Bldg., Room No., if any		
Street 1500 E. Katella Ave.		Street		
City Orange		City		
State California	ZIP Code + 4 92867	State ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	o c. Corporation d Other (Specify):		
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:		
Name		1 / 5 / 2015		
Organization		8. Name of person(s) through whom made:		
Trade Name, if any SYSCO		Name Tom Shaeffer		
P.O. Box, Bldg., Room No., if any		Name		
Street 3700 Sysco Ct		Name		
City Grand Rapids		Name		
State Michigan	ZIP Code + 4 49512	Name		
Signatures				
Each of the undersigned declares, und the information contained in any accommodation correct, and complete. (See Section 13. Signed Title Other (Specify) Member	panying documents) has been examined	14. Signed Treasurer Title Treasurer Title		
On 1/31/15 (9	51) 316~1032	On		
Date	Telephone Number	Date Telephone Number		

Filer: Charles Stephenson CRS Labor Relations Solution	ons	File Number C- 66018		
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.): Daily Rate				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:		3 d. 11		
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively				
-				
	4.3			
11.b. Period during which performed:	11.c. Extent performed:			
various days beginning 1/5/15	on going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street:	Street			
City	City			
State ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	organizations:		