

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.

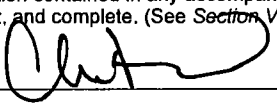
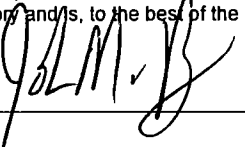
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1. File Number: c- 740

Person Filing	
2. Name and mailing address (include ZIP Code): Name Christopher L Hilgenfeld Title Attorney Organization Davis Grimm Payne & Marra P.O. Box, Bldg., Room No., if any Suite 4040 Street 701 5th Avenue City Seattle State Washington ZIP Code + 4 98104-7097	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: Dec / 18	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 Organization Trade Name, if any Columbia Distributing Company, Inc. P.O. Box, Bldg., Room No., if any Street 20301 59th Place S City Kent State Washington ZIP Code + 4 98032-2144	7. Date entered into: 8 / 16 / 2018 8. Name of person(s) through whom made: Name Jacquelyn Lloyd 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 	President (If other title, see instructions)	14. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 9/18/18	(206) 447-0182	On 9/18/18	(206) 447-0182
Date	Telephone Number	Date	Telephone Number

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.):

To advise in election campaign; provide written and verbal communications.

Specific Activities to be Performed

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

a. Nature of activity:

Persuade employees to vote "No"

11.b. Period during which performed:

August 2018 - September 2018

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Christopher L Hilgenfeld

Organization Davis Grimm Payne & Marra

P.O. Box, Bldg., Room No., if any Suite 4040

Street 701 5th Avenue

City Seattle

State Washington

ZIP Code + 4 98104-7097

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:

CDL Delivery Drivers and Driver Helpers

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters Union
Local No. 589