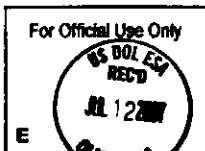


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009



This report is mandatory under P.L. 86-267, 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.

331356

1. File Number:

c 625

## Person Filing

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

Name Frances M. Odom

Title President

Organization Odom Memorial Mentoring Program, Inc.

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

Street 915 Tim Odom Road

City Montezuma

State Georgia

ZIP Code + 4 31023

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:

09/30

5. Type of person:

a. ☐ Individual

b. ☐ Partnership

c. ☐ Corporation

d. ☒ Other (Specify): non-profit

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name James Phillips

Organization Allens, Inc.

Trade Name, if any

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

Street

City Siloam Springs

State Arkansas

ZIP Code + 4

7. Date entered into:

05 / 30 / 07

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

Name James Phillips

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

Frances M. Odom

President  
(If other title, see instructions)

Title President

14. Signed

Walter Q. Breed

Treasurer  
(If other title, see instructions)

Title Treasurer

On

7-02-07

Date

Telephone Number (478) 472-6390

On

7-2-07

Date

Telephone Number (229) 273-0914

Filer:	File Number C-
--------	----------------

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.):

1. Sponsor a math and science workshop. (July 24<sup>th</sup> - 3mo)

2. mentoring and tutoring program (ongoing training and workshops)

3. motivational seminars/sessions with employees. (6 sessions)

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
<p>a. Nature of activity: Provided six motivational speaking sessions to persuade and encourage employees of Allens, Inc. to vote "no" on a representation election.</p> <ul style="list-style-type: none"> <li>6 sessions completed with employees -- Broaden the Minds with Knowledge</li> </ul>	
11.b. Period during which performed: May 30, 2007 - May 31, 2007	11.c. Extent performed: complete
<p>11.d. Name and address through whom performed:</p> <p>Name James Phillip</p> <p>Organization Allen's Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City Siloam Springs</p> <p>State Arkansas ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations: N/A