U.S. Department of Labor

Employment Stance as Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and maling address (include ZIP code): Ag-Relare Inc. Steve Highfill Cal. Hot Springs, (A 93207)
3. Date fiscal year ends: 4. Type of person: b. Partnership c. Corporation d. Other (Specify): a. | Individual Jan 31:00 B. Nature of Agreement or Arrangement 6. Date entered into: 5. Full name and address of employer with whom made (include ZIP code): Dec. 15,00 CAR/ SAMUEL, ATTY. for Wilgenberg DAMY 7. Names of persons through whom made: Cirl Samuel & Mr. Wilgenburg 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: 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. 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. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Our firm was engreed to gather declarations for the attornay (Samuel) so he could have some withesses yfor a pending Uh? hearing before the ALRB. We uncovered a union organizing plant in full swing and, with the directive from Samuel & Wilgenburg, A Two-day counter-union campaign was conducted. It was paid for At the structure to the structure.

The struct services. They still own us trokey.

C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: 3 poke we dainy workers To convince Them NOT TO for union AT That Time. c. Extent performed: b. Period during which performed: 15-16 Dec. 00 hourly employees, All shifts d. Names and addresses of persons through whom performed: 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: The UFCW for this company D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. Signed: Treasurer President (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date City State Date

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Agreement and Activities por

U.S. Deparant of Labor

Office of Labor-Muniagement Standards



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OMB No. 1214-0001 02/29/93

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).			c.	422
A. Person Filing				
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A. Person Filing				
Name and maling address (include ZIP code):	2. Any other address where records necessary to verify this report are kept:			
Ag-Relate, Inc.	Sanuel, Salafie & Sanuel			
Route 4, Box 668	5050 SUNFISE BIVE., Suite C-1			
Calif. Hor Springs, Ct 93207	FAIR DAKS, CARTERS			
Date fiscal year ends: 4. Type of person:				
/2/3/ a. □ Individual b. □	Partnership c. Corporation d Other (Spedify):			
B. Nature of Agreement or Arrangement				
5. Full name and address of employer with whom made (include				
CAPL SAMEL	N Farms 12/12/00			
SAMUEL, Solotie & SAMUEL Wilgon Gery DAI 5050 SUNDISC Blod. STEE-1 12101 OLG RIVER	7. Names of persons through whom made:			
FAIR DAKS, CA 95628 Bakersfield, CA	Carl Samuel of Ed Wilgenberg			
8. Check the appropriate box to indicate whether an object of the	activities undertaken, is directly or indirectly:			
	or persuade employees as to the manner or exercising, the right to organize			
collectively through representatives of their own choos				
	ne activities of employees or a labor organization in connection with a labor or use solely in conjunction with an administrative or arbitral proceeding or a			
criminal or civil judicial proceeding.	t doe solely in conjunction with an administrative of arbitrar proceeding of a			
	ions):			
AG-Relate Inc through its Agent SALVAdor PINEDAL	ions): WAS working for Attornoys Carl and Peter Samuel on A project covered. Employer Ed wilgenberg and attorney Carl Samuel on a project and immodiately conduct lawful persuader der Activities were successfully concluded, work on the other is supposed to be poid by the Attorneys who have Algeria			
nt Wilgenberg Dairy FARM's When Union Activity WAS dis	arto article and improving and ATTORNEY LANGET			
Aughorized Ag-Relate, INC. TO SUSPEN & METION DATE	der peridiries were successfully concluded werk on the other			
project resumedan Only because Ag-Relate, INC.	Is supposed to be paid by the ATTOENEY'S Who have Already entided in this disclosure report. Ag-Relate, INC. Acrod			
	gen berg, Fee; sexpenses For direct persuader work			
	genery Wilgon berg workers were 5,641.28-spd: 6			
For each activity, separately list in detail the information requi	red (See Part C-10 of instructions):			
a. Nature of activity:				
Parsingdor Activity wildainy workers	TEOK place borneen 12/14 and 12/16/00. They com-			
SISTED AL A POISONNEL ANDIT MADERNA	ONE CONVERSATIONS WIEMHOUSES AND VEYBAL			
IN SPRENTION PRESENTES by employer	end conversarions weenstoyees and verbal willenders on 12/10/00.			
b. Peroid during which performed: c. Extent p				
12/14 to 12/16/00 All e	upbyees, All though EGET WED			
d. Nam, es and addresses of persons through whom perform	ned:			
Salvador Pineda, Agent				
AO-Relate THE.				
R4.4. Box 669 CALL. Hor Springs,	and I am the first			
11. Identify (a) Subject employees, groups of employees, and (b)	labor organizations:			
1. Hourly paid employees of Wilge	labor organizations: When Darry Farms. OLMS/DOE/SRD			
3. United Farm Workers, (AFL.	-610)			
, daile i l				
D. Verfication and Signature. The person in item 1 above and	d each of his undersigned authorized officers declares, under penalty of law,			
that all information in this report, including all attachments incorport to the best of his knowledge and belief, true, correct, and complete	prated therein or referred to in this report, has been examined by him and is,			
Signed:	Signed: 4			
	esident oncone sight Treasurer			
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)			
City State Date	City State Date			
attalis. HOTSANINGS, C+ 93207 on:2/2/	101 at: GANG 01:2/2/01			
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments				
regarding this burden estimate or any other aspect of this collection of it	nformation, including suggestions for reducing this burden, to the Office of Labor			
Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.	ion Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget,			

Agreement and Activities !

A. Person Filing

ORIZINALS Nort U.S.

U.S. Departr nt of Labor Employment Standards Administration Office of Labor-Management Standards



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File No. C.

Name and maling address (include ZIP code): 2. Any	other address where records necessary to verify this report are kept					
Ag-Relate, Inc. Stevettightill						
Ri. 4 Bon 669 CALIF. HOT SOVINGS 18 93207						
3. Date fiscal year ends: 4. Type of person:						
Jan 3/ 00 a. Individual b. Partne	orship c. 🛛 Corporation d. 🗆 Other (Specify):					
B. Nature of Agreement or Arrangement						
5. Full name and address of employer with whom made (include ZIP cod	e): 6. Date entered into:					
Group of STRAWGERRY growers: Humberro Com (1915/1) Forms, Decan Breeze forms, Forms Solimor Form	shi March '98					
Husanterro Cha	7. Names of persons through whom made:					
1915 hi Forms, Ocean Breeze from Forms Jolims Form	-s Ed & Ted Highshi Humberro Condelprio					
1913 hi Forms, Ocean Breeze them. Forms Jolinno Forms Ed & Ted Highshi / Humberto Condelario 8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:						
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.						
C. Tarmand and distance (Fundaire in data)), and Both C. O. of instructions).						
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manage our bill des TALKing w/ The wo	exers. The cost was adont \$3000					
di and	the second of th					
per hour						
C. Specific Activities to be Performed						
10. For each activity, separately list in detail the information required (Sec	Part C-10 of instructions):					
a. Nature of activity: TAIK TO workers I'M STAPW GETTICS TO CONVINCE THEM THAT The UFW WAS MOT THE WAY TO go.						
b. Period during which performed: c. Extent performe	ad:					
Warch: '00 for about Lourdys All evens on the about Amed Exaches						
d. Names and addresses of persons through whom performed:						
MA P War Maria Computer						
Vista is Margarilla Baha mortalan						
CALIF. HOTSprings, Ct 93207						
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:						
All crews on the B.) United From Workers						
Above Named Ptriches						
D. Verfleation and Signature. The person is item 1 shows and each	of his undersigned outhorized officers declares, under popular of law					
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Signed:	Signed:					
(If other title, cross out and write in correct title above.)	Treasurer					
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)					
at al. S. Lot Serings A on: Seat 10/01	City State Date at:					