

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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.

530271

1. File Number. C- 756

Person Filing

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

Name C. Bryan Little

Title Chief Operating Officer

Organization Farm Employers Labor Service

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

Street 2300 River Plaza Drive

City Sacramento

State California

☒ ZIP Code + 4 95833

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 ☒ / 13

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 Julio C Sanchez

Organization Liberty Staffing

Trade Name, if any

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

Street 35 East Romie Lane, Suite D

City Salinas

State California

☒ ZIP Code + 4 93901

7. Date entered into:

2 / 5 / 2013

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

Name John Barrientos

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)

Title President



14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer



On 30 MAY 13 (916) 561-5520
Date Telephone Number

On 5/31/2013 (916) 561-5520
Date Telephone Number

Filer: C. Bryan Little Farm Employers Labor Service	File Number C-
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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.):

FELS was retained by Liberty Staffing, which agreed to pay FELS \$225 per hour for services rendered by FELS Labor Management Consultant (LMC) plus travel costs (\$.58/mile and \$45/hour for travel time, plus actual out-of-pocket expenses) for the purpose of informing employees of Liberty Staffing of the advantages of choosing to not be represented by a labor union.

Specific Activities to be Performed

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

a. Nature of activity:

Communicating with employees of Liberty Staffing concerning the advantages to those employees of choosing to not be represented by a labor union.

11.b. Period during which performed:

2/5/13 through 3/8/13

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name John Barrientos

Organization Farm Employers Labor Service

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

Street 2300 River Plaza Drive

City Sacramento

State California ☒ ZIP Code + 4 95833

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:

Employees of Liberty Staffing

12.b. Identify subject labor organizations:

United Brotherhood of Teamsters