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 03-31-2019



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

712215

1 File Number				
D E-l				
Person Filing 2 Name and mailing address (include Zil	P Code)	3 Any other address where records necessary to verify this report are kept		
		Name		
Name Marta I	e los Rios	Trains		
Title Office Manager		Title		
Organization Labor Information Services, Inc		Organization		
PO Box, Bldg , Room No If any PO Box 6063		PO Box Bldg Room No if any		
Street		Street		
City Malibu		City		
State California	ZIP Code + 4 90264	State ZIP Code + 4		
4 Date fiscal year ends	5 Type of person			
Dec / 19	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)		7 Date entered into 9 / 3 / 2019		
Name Louis Gimbel		, , , , , , , , , , , , , , , , , , ,		
Organization Stadelman Fruit		8 Name of person(s) through whom made		
Trade Name If any		Name Louis Gimpel		
P O Box, Bldg Room No If any		Name		
Street 1316 1st Avenue		Vaine		
City Zillah		Name		
State Washington	ZIP Code + 4 98953	Name		
	Signa	litures \@'		
	r penalty of perjury and other applicable panying documents) has been examined	penalties of law that all of the information submit including by the signa cry and is to the best of the under the signa cry and is to the best of the under the signa cry and belief 14 Signed Other (Specify) Office Manage		
On 11/19/2019 800)-721-4547	On 11/19/2019		
Date	Telephone Number	Date		

Filer	Marta De los Rios	Labor Information Services, In	nc	File Number C-	00464

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.)

Starting September 4, 2019 until the assignment ends (no end date has been determined, our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billing amount.

Specific Activities to be Performed

- 11 For each activity, separately list in detail the information required (See instructions)
 - a Nature of activity

To inform employees in the voting bargaining unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining

11 b Period during which performed	11 c Extent performed				
9/4/19 until end of assignment	On-going Additional Name and address through whom performed if any				
11 d Name and address through whom performed					
Name David Acosta	Name				
Organization Labor Information Services, Inc	Organization Labor Information Services, Inc PO Box Bldg Room No Ifany PO Box 6063				
P O Box Bldg Room No If any PO Box 6063					
Street	Street				
City Malıbu	City Malibu				
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264				
12 a Identify subject groups of employees	12 b Identify subject labor organizations				
All voting employees in the bargaining unit	All voting employees in the bargaining unit				