

FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

For Official Use Only

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)

622303  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C-00400

**Person Filing**

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

Name Alex Casillas

Title Consultant

Organization Action Resources

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

Street 1374 S. Mission Blvd. Suite #411

City Fallbrook

State California ZIP Code + 4 92028

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 / 31

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 Alan Applonie

Organization Taylor Farms

Trade Name, if any

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

Street 1820 N. MacArthur Drive

City Tracy

State California ZIP Code + 4 95376

7. Date entered into:

02 / 28 / 2014

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

Name Phillip Wilson

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 Other (Specify)

CONSULTANT

On 03/13/16 8189999990

Date

Telephone Number

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

On

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.):

Oral agreement. \$1,5000 per day plus reasonable expenses.

#### Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Various days throughout 2014

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Cesar Lopez

Organization

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

Street 29390 Oakmont Ct.

City Murrieta

State California ZIP Code + 4 92563

Additional Name and address through whom performed, if any:

Name Mario Vargas

Organization

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

Street 15229 Portico Lane

City Fontana

State California ZIP Code + 4 92336

12.a. Identify subject groups of employees:

Various production employees

12.b. Identify subject labor organizations:

Teamsters