

# 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.

1. File Number: C- **769** **500596**

### Person Filing

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

Name Salvador Pineda

Title Owner

Organization Agricom

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

Street 1464 Graves Ave. Ste. 107-225

City El Cajon

State California

ZIP Code + 4 92021

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 / 12

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 Craig Neville

Organization La Vina Contracting

Trade Name, if any

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

Street 375 Road 200

City Delano

State California

ZIP Code + 4 93215

7. Date entered into:

6 / 1 / 2012

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

Name Stephen D Highfill

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 Salvador Pineda President  
(If other title, see instructions)  
Title Sole Proprietor

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Other (Specify)

On \_\_\_\_\_ (619) 916-6421  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: Salvador Pineda      Agricommm	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.):

Agricommm entered a verbal agreement with La Vina Contracting to encourage regular laborers to remain non-union during the beginning of the harvest. Salvador Pineda and Stephen Highfill held fifteen meetings each with regular laborers on the date below directly related to persuading employees to stay union free. Fees for direct persuader work were \$2,027.25

**Specific Activities to be Performed**

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

a. Nature of activity:

On 6/11, 6/12, 6/13 and 6/14 Salvador Pineda and Steve Highfill met with 15 crews each, about 15 min. each one of them, to persuade employees to remain union free by exercising their right not to sign union authorization cards. Total of 7.65 hrs.

11.b. Period during which performed: 6/11/12 to 6/14/12	11.c. Extent performed: Completed
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11.d. Name and address through whom performed:  Name      Salvador                      Pineda  Organization Agricommm  P.O. Box, Bldg., Room No., if any  Street 1464 Graves Ave. Ste. 107-225  City El Cajon  State California                      ZIP Code + 4 92021	Additional Name and address through whom performed, if any:  Name      Stephen                      D Highfill  Organization Stephen D. Highfill  P.O. Box, Bldg., Room No., if any  Street 613 Kentucky St.  City Vacaville  State California                      ZIP Code + 4 95688
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12.a. Identify subject groups of employees:  Non-management hourly paid employees of La Vina Contracting	12.b. Identify subject labor organizations:  United Farm Workers
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