

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

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.

557286

1. File Number: C-65537

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code): Name Martin Dreiss Title Vice president Organization National Labor Consultants P.O. Box, Bldg., Room No., if any Street 516 1-B INDUSTARIL LOOP City Staten Island State New York ZIP Code + 4 10312	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. <input checked="" type="checkbox"/> Partnership c. Corporation d. Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code): Name Hector Salas Organization MI Pueblo Foods Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1745 Story Rd City San jose State California ZIP Code + 4 95122	7. Date entered into: 10 / 20 / 2010 8. Name of person(s) through whom made: Name Hector Salas 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 Martin Dreiss President  
(If other title, see instructions)  
Title VP

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

On 4/21/14 Date 646-643-7545 Telephone Number

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

Filer:	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.):

**TRAIN EMPLOYEES ON NLRA SEE ATTACHED**

**Specific Activities to be Performed**

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

- a. Nature of activity:  
see attached

11.b. Period during which performed:  
2011

11.c. Extent performed:  
completed

11.d. Name and address through whom performed:

Name

Organization **National labor consulatnts**

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

Street **516 I-H INDUDTRAIL LOOP**

City **STATEN ISLAND**

State **New York**

ZIP Code + 4 **10309**

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:

**ALL EMPLOYEES IN BARGAINING UNIT AND MANAGEMENT**

12.b. Identify subject labor organizations:

**TEAMSTERS**