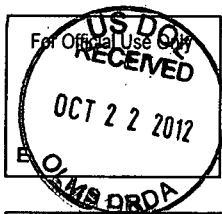


# FORM LM-20

## 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.

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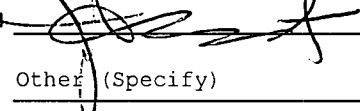
1. File Number: C- 00738

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Jacob M Monty	3. Any other address where records necessary to verify this report are kept:
Title Manager	Name
Organization Latino Labor Persuaders	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 150 W. Parker Rd. Fourth Floor	P.O. Box, Bldg., Room No., if any
City Houston	Street
State Texas ZIP Code + 4 77076	City
	State ZIP Code + 4
4. Date fiscal year ends: Jan / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Tanya Teeter	7. Date entered into: 9 / 27 / 2012
Organization Cargill Meat Solutions	8. Name of person(s) through whom made:
Trade Name, if any	Name Mark Kruger
P.O. Box, Bldg., Room No., if any	Name
Street 151 North Main	Name
City Wichita	Name
State Kansas ZIP Code + 4 67202	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)  
Manager

On 10/22/2012 (713) 691-7118  
Date Telephone Number

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

On 10/22/2012 (713) 691-7118  
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.):

To provide professional consulting services as described in Section 11. Per verbal contract, consultants are to be paid a flat daily rate, plus reimburses for expenses incurred while at client's facility.

**Specific Activities to be Performed**

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

a. Nature of activity:

Conduct employee and supervisory group meetings, on behalf of Cargill Meat Solutions, to inform and educate participants about their rights, duties, and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices, and union rules and finances.

11.b. Period during which performed:

September 27, 2012 - on going

11.c. Extent performed:

on going

11.d. Name and address through whom performed:

Name Carlos Ortiz

Organization Latino Labor Persuaders

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

Street 150 W. Parker Rd. Fourth Floor

City Houston

State Texas

ZIP Code + 4 77076

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 production for facility located in 151 North Main, Wichita, Kansas 67202.

12.b. Identify subject labor organizations:

UFCW Local 293