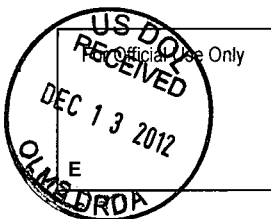


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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.

504102

1. File Number: c- 459

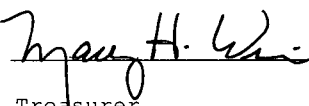
Person Filing	
2. Name and mailing address (include ZIP Code):  Name Bryan Little  Title Chief Operating Officer  Organization Farm Employers Labor Service  P.O. Box, Bldg., Room No., if any  Street 2300 River Plaza Drive  City Sacramento  State California ZIP Code + 4 95833	3. Any other address where 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name Chris Hogan  Organization Dutra Farms  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 346 Carlton Road  City Watsonville  State California ZIP Code + 4 95076	7. Date entered into: 9 / 17 / 2012  8. Name of person(s) through whom made:  Name John Barrientos  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  
Title President

14. Signed  Treasurer  
Title Treasurer

On 20 Nov 12 (916) 561-5520  
Date Telephone Number

On 11/28/12 (916) 561-5520  
Date Telephone Number

Filer: Bryan Little      Farm Employers Labor Service	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.):

Farm Employers Labor Service was retained by Dutra Farms, which agreed to pay FELS \$195 per hour for services rendered by FELS Labor Management Consultant (LMC) plus travel costs (\$.58/mile, \$45/hour travel time and out-of-pocket expenses) for the purpose of informing employees of Foothill Packing of the advantages of voting for no union.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: To inform employees of Dutra Farms of the advantages of voting for no union.	
11.b. Period during which performed: 5/22/12 through 5/24/12/12	11.c. Extent performed: completed
11.d. Name and address through whom performed: Name    John                      Barrientos Organization   Farm Employers Labor Service P.O. Box, Bldg., Room No., if any Street   2300 River Plaza Drive City    Sacramento State   California                      ZIP Code + 4   95833	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: Employees of Dutra Farms	12.b. Identify subject labor organizations: United Farm Workers