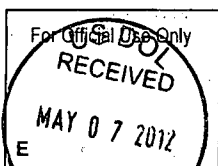


FORM LM-20

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.

496918

1. File Number:

c-

734

Person Filing

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

Name Alice Cruz
Title Manager
Organization Latino Labor Persuaders
P.O. Box, Bldg., Room No., if any
Street 150 W. Parker Rd. Fourth Fl
City Houston
State Texas ZIP Code + 4 77076

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 Amy Lowe
Organization Packers Sanitation Services, Inc.
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 3681 Prism Lane
City Kieler
State Wisconsin ZIP Code + 4 53812

7. Date entered into:

4 / 2 / 2012

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

Name
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 Managing Partner

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

On 05/01/2012

Date

(713) 691-7118

Telephone Number

On 05/01/2012

Date

(713) 691-7118

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.):

Paid daily, plus reimbursements for expenses. No written contract.

Specific Activities to be Performed

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

a. Nature of activity:

Inform employees and supervisors about thier rights and responsibilties under the NLRA and NLRB procedures and answer any questions they might have regarding unions.

11.b. Period during which performed:

April 2, 2012 to present

11.c. Extent performed:

ongoing

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 Luis Camarena

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

12.a. Identify subject groups of employees:

Employees in potential bargaining unit.

12.b. Identify subject labor organizations:

UFCW Local 540

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Inform employees and supervisors about thier rights and responsibilities under the NLRA and NLRB procedures and answer any questions they might have regarding unions.

11.b. Period during which performed:

April 2, 2012 to present

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Laura Garcia

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 Johan Pena

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

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:

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