

# 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)

557172  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-66055

## Person Filing

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

Name Alden J Parker

Title Partner

Organization Weintraub Tobin Chediak Coleman Grodin

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

Street 400 Capitol Mall, 11th Floor

City Sacramento

State California ☒ ZIP Code + 4 95814

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 Jeffrey L Foreman

Organization Capay, Inc.

Trade Name, if any dba Farm Fresh to You

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

Street 3880 Seaport Blvd.

City West Sacramento

State California ☒ ZIP Code + 4 95691

7. Date entered into:

2 / 27 / 2014

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

Name Jeffrey L Foreman

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

Title Managing Partner ☒

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify) ☒

Treasurer  
(If other title, see  
instructions)

Shareholder

On 5/23/2014 916-558-6000

Date

Telephone Number

On 5/23/2014 916-558-6000

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.):

Weintraub Tobin Chediak Coleman Grodin ("Weintraub") and Capay, Inc., dba Farm Fresh to You ("Capay") entered into a fee engagement letter, whereby Weintraub agreed to provide employment advice and counseling to Capay. Such written agreement is protected by the attorney-client privilege and may not be disclosed pursuant to that privilege.

#### Specific Activities to be Performed

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

a. Nature of activity:

The details of the employment advice and counseling Weintraub has provided to Capay is protected by the attorney-client privilege and attorney work product doctrine and may not be disclosed pursuant to such privileges.

11.b. Period during which performed:

February 27, 2014 - present

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Alden J Parker

Organization Weintraub Tobin Chediak Coleman Grodin

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

Street 400 Capitol Mall, 11th Floor

City Sacramento

State California ☒ ZIP Code +4 95814

Additional Name and address through whom performed, if any:

Name Chelcey E Lieber

Organization Weintraub Tobin Chediak Coleman Grodin

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

Street 400 Capitol Mall, 11th Floor

City Sacramento

State California ☒ ZIP Code +4 95814

12.a. Identify subject groups of employees:

Route delivery drivers, direct store delivery drivers, and farmers market crew and helpers.

12.b. Identify subject labor organizations:

Retail Delivery Drivers, Driver Salesmen & Helpers, Local No. 2785