

Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

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).

File No. C. 550

A. Person Filing

297000

1. Name and mailing address (include ZIP code):

Tina Leal, Lead Labor Relations Consulting
438 E. Shaw Ave. #214
Fresno, CA 93710

2. Any other address where records necessary to verify this report are kept:

438 E. Shaw Ave #214
Fresno, CA 93710

3. Date fiscal year ends:

12/31/2000

4. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

ARTESIA Dairy Farms
1340 Rd. 24
Corcoran, CA 93212

6. Date entered into:

3/28/2000

7. Names of persons through whom made:

Mr. Hans Reitsma

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

VERBAL AGREEMENT



C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

EMPLOYEE MEETINGS

b. Period during which performed:

2/28-3/7/00

c. Extent performed:

NONE

d. Names and addresses of persons through whom performed:

Tina Leal, Labor Consultant
Lead Labor Relations Consulting
438 E. Shaw Ave #214, Fresno, CA 93710

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a. MILKERS + Dairy Personnel
b. UFW Local, Delano, CA.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

[Signature] Consultant

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

City
at: Fresno

State
CA

Date
on: 3/13/00

City

State

Date

at:

on:

Ms. Tina Leal
Leal Labor Relations Consulting
438 E. Shaw Ave. #214
Fresno, CA 93710

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