U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

For Official Use Only

AUG-G2011

G-100 St.

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. 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name C. Bryan Little Name Title Title Chief Operating Officer Organization Farm Employers Labor Service Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 2300 River Plaza Drive Street City City Sacramento State California ZIP Code + 4 95833 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Dec Partnership c. Corporation d. Other (Specify): Individual b. **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2011 Name Margaret Hasegawa 8. Name of person(s) through whom made: Organization California Florida Plant Company Name John Barrientos Trade Name, if any Name P.O. Box, Bldg., Room No., if any P.O. Box 5310 Name Street City Salinas Name ZIP Code + 4 State California 93915 Name **Signatures** 

Each of the undersigned declares, under penalty of perjuithe information contained in any accompanying documentrue, correct, and complete. (See Section VII on penalties	ts) has been examined				
13. Signed Meul fly Title President	President (If other title, see instructions)	14. Signed Title	hauf Treasurer	Huli	Treasurer (If other title, see instructions)
On Date Telephone Number	<del></del>	On	Date	Telephone Number	

Filer: C. Bryan Little Farm Employers Labor Service	File Number C-				
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.):					
Agreed to pay FELS \$195 per hour for services rendered by FELS Labor Management Consultant (LMC), plus travel costs (\$.58 per mile, \$45 per hour travel time, and actual out-of-pocket costs).					
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Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
To inform employees of California Florida Plant Company of the advantages of voting for no union.					
11.b. Period during which performed:	11.c. Extent performed:				
2/1/11 to 2/15/11	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name John Barrientos	Name				
Organization Farm Employers Labor Service	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 2300 River Plaza Drive	Street				
City Sacramento	City				
State California ZIP Code + 4 95833	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Employees of California Florida Plant Company	United Farm Workers Union				