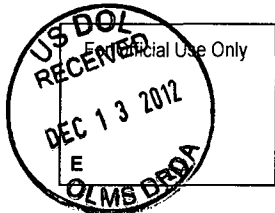


# FORM LM-20

## 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.

508101

1. File Number: C-459

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Bryan Little	Name
Title Chief Operating Officer	Title
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
4. Date fiscal year ends:	5. Type of person:
Dec / 31	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):	7. Date entered into:
Name Bob Erickson	9 / 17 / 2012
Organization Foothill Packing	8. Name of person(s) through whom made:
Trade Name, if any	Name John Barrientos
P.O. Box, Bldg., Room No., if any P.O. Box 2613	Name
Street	Name
City Salinas	Name
State California ZIP Code + 4 93902	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 Paul J. [Signature] President  
(If other title, see instructions)

Title President

14. Signed Mary H. [Signature] Treasurer  
(If other title, see instructions)

Title Treasurer

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

On 11/28/12 Date (916) 561-5520 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.):

Farm Employers Labor Service was retained by Foothill Packing, which agreed to pay FELS \$200 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.

#### 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 Foothill Packing of the advantages of voting for no union.

11.b. Period during which performed:

9/17/12 through 11/30/12

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 Foothill Packing

12.b. Identify subject labor organizations:

Teamsters Local 890