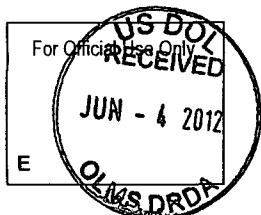


FORM LM-20

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.

499148

1. File Number: C-769

Person Filing

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

Name Salvador Pineda

Title Owner

Organization Agricom

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

Street 1464 Graves Ave. Ste. 107-225

City El Cajon

State California

ZIP Code + 4 92021

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 / 12

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 Kevin Duke

Organization Catalinos Berry Farms, LLC

Trade Name, if any

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

Street 4581 Etting Road

City Oxnard

State California

ZIP Code + 4 93033

7. Date entered into:

4 / 10 / 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 Salvador Pineda

President
(If other title, see
instructions)

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Sole Proprietor

Title Other (Specify)

On 5/25/12 (619) 916 6421
Date Telephone Number

On _____
Date Telephone Number

| | |
|--------------------------------------|----------------|
| Filer: Salvador Pineda Agricomm | 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.):

Agricomm entered a verbal agreement with Catalinos Berry Farms, LLC to encourage regular laborers to remain non-union during the beginning of the harvest. Agricomm through Stephen Highfill held one meeting with regular laborers on the date below directly related to persuading employees to stay union free. Fees for direct persuader work were \$662.5.

| | |
|--|--|
| Specific Activities to be Performed | |
| <p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>On 4/12/12 Steve Highfill Met with 15 crews, between 7 to 10 min. each, to persuade employees not to sign union cards. Total of 2.5 hrs.</p> | |
| <p>11.b. Period during which performed:</p> <p>4/11/12 to 4/13/12</p> | <p>11.c. Extent performed:</p> <p>Completed</p> |
| <p>11.d. Name and address through whom performed:</p> <p>Name Stephen D Highfill</p> <p>Organization Stephen Highfill</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 613 Kentucky St.</p> <p>City Vacaville</p> <p>State California ZIP Code + 4 95688</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> |
| <p>12.a. Identify subject groups of employees:</p> <p>Non-management hourly paid employees of Catalinos Berry Farms LLC</p> | <p>12.b. Identify subject labor organizations:</p> <p>United Farm Workers</p> |