

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

For Official Use Only

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: C- 00549

Person Filing

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

Name Manny Gonzalez

Title President

Organization Direct Labor Training Corporation

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

Street 502 N. Division Street

City Carson City

State Nevada ZIP Code + 4 89703

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

Name Manny Gonzalez

Title President

Organization Direct Labor Training Corporation

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

Street 211 W. Palmetto Drive, #7

City Alhambra

State California ZIP Code + 4 91801

4. Date fiscal year ends:

Dec / 6

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 John Hock

Organization Arvin Meritor - Fletcher

Trade Name, if any

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

Street 100 Rockwell Drive

City Fletcher

State North Carolina ZIP Code + 4 28732

7. Date entered into:

5 / 31 / 2006

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

Name John Hock

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 President

President
(If other title, see instructions)

14. Signed

Title Other (Specify)

V.P. Marketing and Administration

Treasurer
(If other title, see instructions)

On 06/23/2006 888-600-4008

Date Telephone Number

On 06/26/2006 888-600-4008

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.):

Starting 05/31/06 through the election date, our firm will conduct meetings with employees from the voting unit to discuss the realities of voting in the upcoming election. A maximum of 600 hours will be allocated to this work. Time and expenses will be billed monthly. There is no written agreement as to a maximum billable amount.

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 in the voting unit to exercise their right to choose whether or not to be represented for the purpose of collective bargaining.

11.b. Period during which performed:

05/31/06 through election date

11.c. Extent performed:

Ongoing meetings

11.d. Name and address through whom performed:

Name Jorge Sandoval

Organization

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

Street 1053 Termino Ave

City Long Beach

State California

ZIP Code + 4 90804

Additional Name and address through whom performed, if any:

Name Oliver J Bell

Organization

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

Street 1009 Elder Circle

City Austin

State Texas

ZIP Code + 4 78733

12.a. Identify subject groups of employees:

All employees in the voting unit.

12.b. Identify subject labor organizations:

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

To inform employees in the voting unit to exercise their right to choose whether or not to be represented for the purpose of collective bargaining.

11.b. Period during which performed:

05/31/06 through election date

11.c. Extent performed:

Ongoing meetings

11.d. Name and address through whom performed:

Name Rosalyn Warren

Organization

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

Street 6001 Tall Pine Blvd

City Little Rock

State Arkansas ZIP Code + 4 72204

Additional Name and address through whom performed, if any:

Name Maurice Ambler

Organization

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

Street 1747 Windmill Hill Lane

City DeSoto

State Texas ZIP Code + 4 75115

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

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:

All employees in the voting unit.

12.b. Identify subject labor organizations:

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

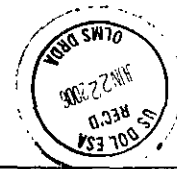
A. Person Filing

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. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> 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 COPACON, CA. 93212		6. Date entered into: 2/28/2000	
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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: <i>[Signature]</i> Consultant (If other title, cross out and write in correct title above.)			Signed: _____ (If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: Fresno	CA	on: 3/13/00	at:		on:

Ms. Tina Leal

Local Labor Relations Consulting

438 E. Shaw Ave. #214

Fresno, CA. 93710

15 MAR 2018 PM 3 7



TO
STREET

Don'to left no Address
Registered at K...
forwarding ...
No Such Number
Accesses
Residence Address
San Francisco, CA 94105

San Francisco District Office
72 Stevenson Street, Room #725
San Francisco, CA 94105

34103+2707