

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

For Official Use Only
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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.

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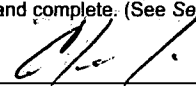
1. File Number: C- 00676

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	Carlos Ortiz
Title	President
Organization	Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any	
Street	7426 Cherry Ave. Suite 210-106
City	Fontana
State	California
ZIP Code + 4	92336
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	312 N. Belmont Ave.
City	Los Angeles
State	California
ZIP Code + 4	90026
4. Date fiscal year ends:	
Dec / 31	
5. 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):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	Rick Martins
Organization	Silvia Sausage
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	5935 Rossi Lane
City	Gillroy
State	California
ZIP Code + 4	95020
7. Date entered into:	
6 / 28 / 2012	
8. Name of person(s) through whom made:	
Name	Jacob M Monty
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
On 3/20/13 (909) 910 - 5575
Date Telephone Number

14. Signed _____
Title Treasurer
On _____
Date Telephone Number

Filer:

Carlos Ortiz

File Number C-

00676

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.):

Paid a flat daily rate, plus expenses reimbursed while at client's facility. No written agreement was executed.

Specific Activities to be Performed

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

a. Nature of activity:

To communicate with employees regarding their right to support or not to support a Labor Organization.

11.b. Period during which performed:

6/28/2012

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Jacob M Monty

Organization Latino Labor Persuaders

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

Street 150 W. Parker Rd.

City Houston

State Texas ZIP Code + 4 77076

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 production employees

12.b. Identify subject labor organizations:

UFCW Local 5