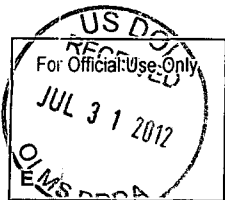


# FORM LM-20

## 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)

561643  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00738

### Person Filing

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

Name Jacob M Monty

Title Manager

Organization Latino Labor Persuaders

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

Street 150 W. Parker Rd. Fourth Floor

City Houston

State Texas

ZIP Code + 4 77076

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:

Jan / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Rick Martins

Organization Silva Sausage

Trade Name, if any

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

Street 5935 Rossi Lane

City Gilroy

State California

ZIP Code + 4 95020

7. Date entered into:

6 / 28 / 2012

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

Name Rick Martins

Name Fernando Martins

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 Other (Specify)

Manager

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 07/07/2012

Date

(713) 691-7118

Telephone Number

On

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.):

To provide professional consulting services as described in Section 11. Paid daily, plus reimbursement for expenses. No written contract.

### Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee and supervisory group meetings, on behalf of Silva Sausage, to inform and educate participants about their rights, duties and responsibilities as they pertain to the National Labor Relations Act and National Labor Relations Board procedures such as secret ballot elections, collective bargaining representation, collective bargaining procedures, unfair labor practices and union rules and finances.

11.b. Period during which performed:

June 24, 2012 through ongoing

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name	Carlos	Ortiz
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Organization Latino Labor Persuaders

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

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:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

UFCW Local 5