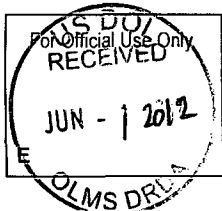


FORM LM-20

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.

498149

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 William Doyle

Organization D W Berry Farms LLC

Trade Name, if any

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

Street 3960 N Rose Ave.

City Oxnard

State California

ZIP Code + 4 93036

7. Date entered into:

3 / 12 / 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)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

On

5/25/12

Date

(619) 916 6421

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.):

Agricommm entered a verbal agreement with DW Berry Farms to encourage regular laborers to remain non-union during the beginning of the harvest. Salvador Pineda held two meetings with regular laborers on the dates below directly related to persuading employees to stay union free. Fees for direct persuader work were \$1099.

Specific Activities to be Performed

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

a. Nature of activity:

On 4/6/12 Salvador Pineda Met with 14 crews, between 7 to 10 min. each, to educate employees on ALRB guidelines and to persuade employees not to sign union cards. Total of 2.3 hrs.

On 4/20/12 Salvador Pineda Met with 13 crews, between 7 to 10 min. each, to educate employees on what they can or cannot do under union activity, significance of union dues and initiation fee). Total of 2.1 hrs.

11.b. Period during which performed:

3/12/12 to 4/20/12

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Salvador Pineda

Organization Agricommm

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

Street 1464 Graves Ave. Ste. 107-225

City El Cajon

State California ZIP Code + 4 92021

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:

Non-management hourly paid employees of DW Berry Farms LLC

12.b. Identify subject labor organizations:

United Farm Workers