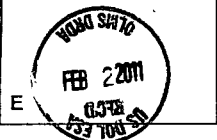


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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.

442 248

1. File Number: c- 428

Person Filing

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

Name Sal Duarte
Title Sole Proprietor
Organization Agri-labor Relations
P.O. Box, Bldg., Room No., if any P.O. Box 498
Street
City San Luis Rey
State Ca. ZIP Code + 4 92068

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

Name Same
Title Same
Organization Same
P.O. Box, Bldg., Room No., if any
Street 2340 Littler Lane
City Oceanside
State Ca. ZIP Code + 4 92056

4. Date fiscal year ends:

Dec. 31 / 2011

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify) Sole Proprietor

Nature of Agreement or Arrangement

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

Name Waste Management, San Diego
Organization Waste Management
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 1001 West Bradley Ave
City El Cajon
State Ca. ZIP Code + 4 92020

7. Date entered into:

1 / 4 / 2011

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

Name Jason Rose
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 Sal Duarte

President
(If other title, see
instructions)

Title President Owner

14. Signed n/a

Treasurer
(If other title, see
instructions)

Title Treasurer

On 1-4-11 760-518-6829
Date Telephone Number

On _____
Date Telephone Number

Filer: Sal Duarte	File Number C- 428
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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.):

attached

Specific Activities to be Performed

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

a. Nature of activity:

Persuasion of all bargaining unit employees and provision of information.
Training and provision of information to all management reps.

11.b. Period during which performed:

1-4-2011 thru 1-28-11

11.c. Extent performed:

As needed

11.d. Name and address through whom performed:

Name **Sal Duarte**
Organization **Agri-labor Relations**
P.O. Box, Bldg., Room No., if any **P.O. Box 498**
Street
City **San Luis Rey**
State **Ca.** ZIP Code + 4 **92068**

Additional Name and address through whom performed, if any:

Name
Organization **n/A**
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

All bargaining unit employees and all management representatives

12.b. Identify subject labor organizations:

IBT Local 36
4626 Mercury Str.
San Diego, Ca. 92111