FORM LM-20
AGREEMENT AND ACTIVITIES REPORT
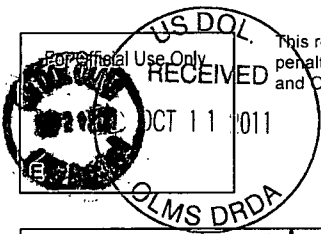
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only RECEIVED OCT 11 2011 OLMS DRDA

468526

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- **741**

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Roldan Ayala	Name N/A
Title Consultant	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1400 Culcatta Dr. #83	Street
City Bakersfield	City
State CA. ZIP Code + 4 93307	State ZIP Code + 4

4. Date fiscal year ends: 2009 /	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):	7. Date entered into: 3 / 02 / 2009
Name Stevens Transportation	8. Name of person(s) through whom made:
Organization	Name Rick Stevens
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 7100 E. Bryndage Ln	Name
City Bakersfield,	Name
State CA. ZIP Code + 4 93307	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 _____ President (If other title, see instructions)

Title ~~President~~ Consultant

On 9/16/11   661 - 343 - 5834
Date   Telephone Number

14. Signed N/A Treasurer (If other title, see instructions)

Title Treasurer

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.):

Verbal agreement and a hand shake.

Specific Activities to be Performed

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

a. Nature of activity:

Showed employees videos on what unions are, and their right to join or not join a union.

11.b. Period during which performed: 3/02/09 – 4/13/09	11.c. Extent performed:
11.d. Name and address through whom performed: Name STEVENS Transportation Organization P.O. Box, Bldg., Room No., if any Street 7100 E. Brundage Ln. City Bakersfield, State CA. ZIP Code + 4 93307	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: 35 Truck Drivers	12.b. Identify subject labor organizations: Teamsters Union