U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 86-257; as amended. Fatture 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 emended. (LMRDA)

WAR THE INSTRUCTIONS CAREFULL	LY BEFORE PREPARING THIS REPORT.
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1. File Number: C- (059.30)	
1. File Number C- (V 5 A V	1
Person Filing	3. Any other address where records necessary to verify this report are kept:
2. Name and mailing address (Include ZIP Code):	
Name William Medrano	Name
Title	Title
Organization	Organization
P.O. Box; Bidg., Room No.; if any	P.O. Box, Bidg., Room No., if any
	Street
Street 9424 Stahala Dr	City
City Ei Paso	State ZIP Code + 4
State Texas ZIP Code + 4 79924	SBB
4. Date fiscal year ends: 5. Type of person:	Other (Specify):
Dec 31 a Individual b Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	7. Date entered into:
6. Full name and address of employer with whom made (include ZIP Code):	7. Data entered into: 7 / 5 / 2012
Name Wes Bigney	8. Name of person(s) through whom made:
Organization Sysco New Mexico	Name Jacob Monty
Trade Name, if any	Name
P.O. Box, Bidg., Room No., if any 601	Name
Street Comanche Road NE	
City Albuquerque	Name
State New Mexico ZIP Code + 4 87107] Name
Signatures Signat	
Each of the undersigned declares, under penalty of perjury and other applications of the undersigned in any accompanying documents) has been examined in any accompanying documents.	the penalties of law, that all of the information submitted in this report questions and belief, ned 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.)
President	14. Signed (If other title, see
instructions)	Title Treasurer
Title Sole Proprietor	1,00
On 2/20/2014 915-892-1266	Date Telephone Number
Date Telephone Number	

Form LM-20 (2003)

Page 1 of 2

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FILET WILLIAM MEDEANIC	
9. Check the appropriate box to indicate whether an object of the activities und	dertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain
	employees or a labor organization in connection with a labor dispute involving han administrative or arbitral proceeding or a criminal or civil judicial proceeding.
such employer, except information for use solety in conjunction with	n an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions, Written agreemen	nts must be attached.): be paid a flat daily fee, plus be reimbursed for expenses incurred while
at client's facility	
₹ .	1
The state of the s	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instr	tructions):
	or not exercise their right to support or not support a labor organization
To communicate with employees regarding tries right to exercise	O) Hot oxorous garage and high
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11:b. Period during which performed:	11.c. Extent performed:
On going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Jacob Monty	Name
Organization Latino Labor, Persuaders	Organization
Viga.	P.O. Box, Bldg., Room No., if any
P.O. Box, Bldg., Room No., if any	Street
Street 150.W. Parker Rd 4th floor	
City Houston	City
State Texas ZIP Code + 4	State ZiP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Employees in potential bargaining unit	Teamsters local 492
11	