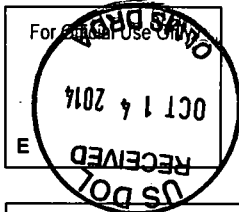


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

572932  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00767

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Colleen J Williams	3. Any other address where records necessary to verify this report are kept:
Title Owner	Name
Organization Labor Relations Specialist, LLC	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 3941 E 63rd St South	P.O. Box, Bldg., Room No., if any
City Derby	Street
State Kansas ZIP Code + 4 67037-9166	City
4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): Limited Liability Compa

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Randy Fry	7. Date entered into: 9 / 24 / 2014
Organization Fry's Electronics Inc	8. Name of person(s) through whom made:
Trade Name, if any	Name Randy Fry
P.O. Box, Bldg., Room No., if any	Name
Street 600 E Brokaw Road	Name
City San Jose	Name
State California ZIP Code + 4 95112-1006	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 [Signature] President  
(If other title, see instructions)  
Title Sole Proprietor

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title \_\_\_\_\_

On 10/03/2014 316-393-9055  
Date 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.):

All services described in 11a. below shall be performed on a flat rate fee basis. Expenses in connection with the performance of such services, such as travel, accomodations, copies, telephone long distance, etc., will be included in this flat rate fee.

**Specific Activities to be Performed**

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

a. Nature of activity:

Labor Relations Specialist, LLC has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.b. Period during which performed:

Pendency of N.L.R.B.

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Name Ricardo Pasalagua  
Organization Labor Relations Specialist, LLC  
P.O. Box, Bldg., Room No., if any  
Street 21661 Brookhurst  
City Huntington Beach  
State California ZIP Code + 4 92646-6405

Additional Name and address through whom performed, if any:

Name Nina Vos  
Organization Labor Relations Specialist, LLC  
P.O. Box, Bldg., Room No., if any  
Street PO Box 3134  
City Costa Mesa  
State California ZIP Code + 4 92628

12.a. Identify subject groups of employees:

All part-time and full-time employees as agreed to between the parties

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters Local 517-Visalia

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

Labor Relations Specialist, LLC has been retained to assist the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.b. Period during which performed:

Pendency of N.L.R.B.

11.c. Extent performed:

None as of this date.

11.d. Name and address through whom performed:

Name Michael Penn

Organization The Crossroads Group

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

Street 63 Via Pico Plaza Suite 505

City San Clemente

State California

ZIP Code + 4 92672-3998

Additional Name and address through whom performed, if any:

Name Jorge Sandoval

Organization Presidius Enterprises, Inc

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

Street 2337 Valley View

City Los Angeles

State California

ZIP Code + 4 90026-2017

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

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:

All part-time and full-time employees as agreed to between the parties

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters Local 517-Visalia