Agreement and Activities Report



U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

Required of Persons, including Lab Under Section 203(b) of the Labor-					File No.	c. 578
A. Person Filing				<u></u>		**************************************
1. Name and maling address (included Martin Monte 833 Holly Au Clovis, Ca. 9	longo re. 3611	2. An	y other address :	where records nect	essary to verify	r this report are kept:
3. Date fiscal year ends:	4. Type of person:					
12-31-03	a. (2) Individue	b. 🗆 Partno	ership c. 🗆	Corporation d.	Other (S	pecify):
B. Nature of Agreement or Arra						
5. Full name and address of emple Kovacevich 1125 Rounds Delana Ca 8. Check the appropriate box to in	5" Farm Street	5	7. Na	e entered into: -15-a3 mes of persons thro n Kanace	/ -	ade: lank Kovacevich
To persuade employer organize and bargain To supply an employer dispute involving such or a criminal or civil ju	es to exercise or no collectively through r with information con employer, except in dicial proceeding.	ot to exercise, or representatives accorning the acti- accornation for us	ies undertaken, i r persuade emp of their own cho	directly or Indirectly or Indi	tly: / nanner of exe	ercising, the right to
9. Terms and conditions (Explain)	n detail; see Parl B-9 7 <i>5.0</i> 0 Pe	of instructions): Hour	Plus	Expenses	·	
C. Specific Activities to be Performed						
10. For each activity, separately list in detail the information required (See Part C-10 of Instructions):						
a. Nature of activity: Persuasian	with A	II Bar	gaining	unit E	imploy	rees
b. Period during which period \$-15-03 \$-1	19-03	Exelud	3 70 le 8-17-	8-19-03 03		
d. Names and addresses o	f persons through wi	nom performed: 1125 Ro 14 276 Co	unds S	treet De	elano, C Velano, C	a. 93215-2517 a 93215
11. Identify (a) Subject employees Employees H Truck Drivers Swampers C	groups of employee arvesting	s, and (b) labor of Grapes				SP24200
D. Verification and Signature, that all information in this report, in to the best of his knowledge and b	The person in Item 1 cluding all attachmen	above and each onto				
Signed: March 1/2	ullage	President	Signed:			Treasurer
(If other title, cross out and write in				oss out and write in	correct title a	
at Clavis Ca	93611	Date on: 9-/5-03	City at:	, ,	State	Date on: