## Labor-Management Standards Washington

## AGREEMENT AND ACTIVITIES REPORT

Office of Management and Budget No. 1245-0003 Expires 08-31-2016

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

1. File Number:

**Person Filing** 

C- 776

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

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.

573894

Name Simon Jara	Name		
Title	Title		
Organization Pinnacle Labor Solutions	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 710158	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Santee	City		
State California ZIP Code + 4 92071	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a. Individual b. Partnership	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: 11 / 4 / 2013		
Name	O Name of agreen(s) through whom made		
Organization Sysco Boston, LLC	8. Name of person(s) through whom made:		
Trade Name, if any	Name Chuck Fraser		
P.O. Box, Bldg., Room No., if any	Name		
Street 99 Spring Street	Name		
City Plympton	Name		
State Massachusetts ZIP Code + 4 02367	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	14. Signed Treasurer		
Title President instructions)	Title Treasurer (If other title, see instructions)		
on 11/10/14	On		
/ Date Telephone Number	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.):
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## Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:  Beginning on or about 11/4/2013	11.c. Extent performed: Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Simon Jara	Name
Organization Pinnacle Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 710158	P.O. Box, Bldg., Room No., if any
Street	Street
City Santee	City
State California ZIP Code + 4 92071	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	INternational Brotherhood of Teamsters Local 122