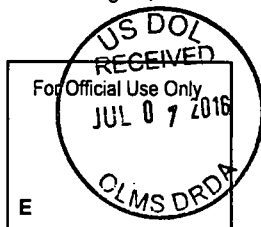


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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)

623949

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 756

### Person Filing

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

Name Bryan Little  
Title Chief Operating Officer  
Organization Farm Employers Labor Service  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 2300 River Plaza Drive  
City Sacramento  
State California ZIP Code + 4 95833

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

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

4. Date fiscal year ends:

Dec / 31

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):

Name Leland Klein  
Organization Klein Management Inc.  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any P.O. Box 81615  
Street \_\_\_\_\_  
City Bakersfield  
State California ZIP Code + 4 93380

7. Date entered into:

5 / 17 / 2016

8. Name of person(s) through whom made:

Name Leland Klein  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
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]  
Title President

President  
(If other title, see  
instructions)

14. Signed [Signature]  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 27 Jun 16 916-561-5520  
Date Telephone Number

On 6/27/2016 916-561-5520  
Date Telephone Number

596

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.):

1. FELS was retained verbally by Klein Management Inc. for services to be rendered on an hourly basis, plus expenses, by a FELS Labor Management Consultant. 2. These services were (a) training Klein Management managers and supervisors in procedures for compliance with the California Agricultural Labor Relations Act (ALRA) (CALC Section 1140 et. al.) and (b) informing employees of Klein Management Inc. of the advantages of voting for no union representation.

#### Specific Activities to be Performed

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

a. Nature of activity:

1. Training managers and supervisors in compliance with the ALRA; 2. Meeting and communicating with employees of Klein Management Inc to inform them of the advantages of voting for no union representation; 3. Monitoring a union election supervised by the California Agricultural Labor Relation Board in accordance with the ALRA.

11.b. Period during which performed:

5/17-16 through 5/21/16

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name Rigo De La Cerda  
Organization Farm Employers Labor Service  
P.O. Box, Bldg., Room No., if any  
Street 2300 River Plaza Drive  
City Sacramento  
State California ZIP Code + 4 95833

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:

Employees of Klein Management, Inc.

12.b. Identify subject labor organizations:

United Farm Workers