

# 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

537832

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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Trecia Pinchevsky Organization Color Spot Nurseries, Inc. Trade Name, if any P.O. Box, Bldg., Room No., if any Street 420 Espinosa Road City Salinas State California <input checked="" type="checkbox"/> ZIP Code + 4 93907	7. Date entered into: 7 / 1 / 2013 8. Name of person(s) through whom made: Name Rigo De La Cerda 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 Paul J. Pinchevsky  
Title President ☒

President  
(If other title, see  
instructions)

14. Signed Mark Dawson  
Title Treasurer ☒

Treasurer  
(If other title, see  
instructions)

On 11/14/13 916-561-5520  
Date Telephone Number

On 11/14/2013 916-561-5520  
Date Telephone Number

Filer: Bryan Little      Farm Employers Labor Service	File Number C-
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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.):

FELS was retained by Color Spot Nurseries, Inc. Color Spot agreed to pay FELS \$195 per hour for services rendered by FELS Labor Management Consultant (LMC) plus travel costs (\$.60 per mile, \$50 per hour) and actual out-of-pocket expenses for the purpose of informing Color Spot employees of the advantages of declining union representation.

**Specific Activities to be Performed**

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

a. Nature of activity:

Meetings with Color Spot supervisory personnel and management; group meetings with Color Spot employees.

11.b. Period during which performed:

July 1, 2013 through July 3, 2013

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 Color Spot Nurseries, Inc.

12.b. Identify subject labor organizations:

United Farm Workers