

FORM LMI-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

For Official Use Only

RECEIVED

SEP 20 2018

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.

682913

1. File Number: C- 681

Person Filing

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

Name Juan M Cruz

Title CEO

Organization RECONNECT LABOR RELATIONS CONSULTANTS

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

Street 29450 HIGHLAND BLVD

City MORENO VALLEY

State California ZIP Code + 4 92555

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

Name CESAR ☐ LOPEZ

Title CEO

Organization ALLIANCE LABOR RELATIONS CONSULTING

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

Street 4195 CHINO HILLS PARKWAY (SUITE 342)

City CHINO HILLS

State California ZIP Code + 4 91709

4. Date fiscal year ends:

Dec / 18

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 AMY ☐ STEENROD

Organization TAYLOR FARMS NEW JERSEY

Trade Name, if any

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

Street 406 HERON DRIVE (SUITE B)

City SWEDESBO RO

State New Jersey ZIP Code + 4 08085

7. Date entered into:

8 / 10 / 2108

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

Name

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

President
(If other title, see
instructions)

Title Other (Specify) C.E.O.

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 9-10-18

Date

951-413-4402

Telephone Number

On 9-10-18

Date

951-413-4402

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.):

NO WRITTEN AGREEMENT WAS SIGNED.

Specific Activities to be Performed

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

a. Nature of activity:

INFORMED ALL VOTING UNIT EMPLOYEES OF THEIR RIGHT TO SUPPORT OR NOT SUPPORT A UNION UNDER SECTION 7 OF THE NLRA AND NLRB GUIDE.

11.b. Period during which performed:

8-10-18

11.c. Extent performed:

9-6-18

11.d. Name and address through whom performed:

Name CESAR ☐ LOPEZ

Organization ALLIANCE LABOR RELATIONS CONSULTING

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

Street 4195 CHINO HILLS PARKWAY (SUITE 342)

City CHINO HILLS

State California ZIP Code + 4 91709

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 DRIVERS AND YARD JOCKEYS.

12.b. Identify subject labor organizations:

TEAMSTERS LOCAL 929