

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)

623902

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66167

Person Filing

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

Name Raul Calvo

Title Labor Consultant

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California

ZIP Code + 4 93932-0208

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

Organization Apio, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any PO Box 727

Street

City Guadalupe

State California

ZIP Code + 4 93434-0727

7. Date entered into:

11 / 3 / 2014

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

Name Ron Midyett

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 Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

N/A

On 06-06-16 831-578-6025

Date

Telephone Number

On

Date

Telephone Number

583

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.):

There are no written agreements, only an invoice/open book account for services rendered.

Specific Activities to be Performed

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

a. Nature of activity:

1. Supervisor training concerning representation elections.
2. Employee education concerning representation elections.
3. Supervisor training and professional development for continuing improvement post-election.

11.b. Period during which performed:

End of October 2014 to present.

11.c. Extent performed:

Ongoing.

11.d. Name and address through whom performed:

Name Raul Calvo

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California ZIP Code + 4 93932-0208

Additional Name and address through whom performed, if any:

Name Mario Vargas

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California ZIP Code + 4 93932-0208

12.a. Identify subject groups of employees:

Processing employees.

12.b. Identify subject labor organizations:

UFCW Local 5.

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

1. Supervisor training concerning representation elections.
2. Employee education concerning representation elections.
3. Supervisor training and professional development for continuing improvement.

11.b. Period during which performed:

End of October 2014 to present.

11.c. Extent performed:

Ongoing.

11.d. Name and address through whom performed:

Name Cesar Lopez

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California ZIP Code + 4 93932-0208

Additional Name and address through whom performed, if any:

Name Jack Bermudez

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California ZIP Code + 4 93932-0208

Additional Name and address through whom performed, if any:

Name Jesse Rojas

Organization Employer Services

P.O. Box, Bldg., Room No., if any PO Box 208

Street

City Lockwood

State California ZIP Code + 4 93932-0208

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:

12.b. Identify subject labor organizations: