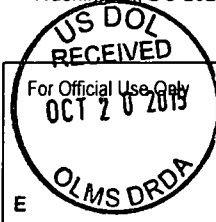


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

600240

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 459

## 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 95333

### 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 Ed Beckman  
Organization Live Oak Farms  
Trade Name, if any   
P.O. Box, Bldg., Room No., if any P.O. Box 65  
Street   
City Le Grand  
State California ZIP Code + 4 95333

### 7. Date entered into:

7 / 21 / 2015

### 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. ...*

President  
(If other title, see  
instructions)

Title President

14. Signed

*Mark ...*

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

12 OCT 15

Date

916-561-5520

Telephone Number

On

10/13/2015

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.):

FELS was retained by Live Oak Farms for services rendered by FELS LMC (Labor Management Consultant) for the purpose of training Live Oak Farms' supervisors in full and complete compliance with the California Agricultural Labor Relations Act (CALC Section 1140 et. al) and informing employees of Live Oaks Farms of the advantages of voting for no union.

## Specific Activities to be Performed

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

## a. Nature of activity:

Training supervisors of Live Oak Farms in full and complete compliance with the California Agricultural Labor Relations Act (CALC 1140 et. al.) and informing employees of Live Oak Farms of the advantages of voting for no union.

## 11.b. Period during which performed:

6/29/15 through 7/22/15

## 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 Live Oak Farms

## 12.b. Identify subject labor organizations:

United Farm Workers