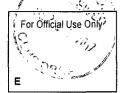
U.S. Department of Labor Office of Labor-Management Standards Washington;;DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



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.

564401		
1. File Number: <b>C-</b> 00464		
Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Marta De los Rios	Name	
Title Office Manager	Title	
Organization Labor Information Services, Inc.	Organization	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Malibu	City	
State California ZIP Code + 4 90265	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 12 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):	7. Date entered into:	
Name Donald R Lee		
Organization Dean Foods	8. Name of person(s) through whom made:	
Trade Name, if any	Name Donald R Lee	
P.O. Box, Bldg., Room No., if any Suite 3400	Name	
Street 2711 North Haskell Avenue	Name	
City Dallas	Name	
State Texas ZIP Code + 4 75204	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President  (If other title, see instructions)		
On 09/17/2012 310-589-5225	On 09/17/2012 310-589-5225	
Date Telephone Number	Date Telephone Number	

_1	<u> </u>		
15	Filer: Marta De los Ric	s Labor Information Services, Inc.	File Number C- 00464

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.):

Starting August 19, 2012 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

## Specific Activities to be Performed

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

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:	
8/19/12 until end of assignment	On-going	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Penne Familsui	Name Brad Moss	
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.	
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063	
Street	Street	
City Malibu	City Malibu	
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All voting employees in the bargaining unit.		

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