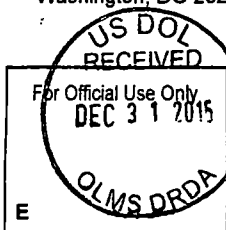


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

602547

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c 666716

Person Filing

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

Name GABRIELLE MATTES

Title

Organization GABRIELLE MATTES & ASSOCIATES

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

Street 16026 ELBERT CIR.

City FOUNTAIN VALLEY

State CA. ZIP Code + 4 92708

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

Name LUPE CRUZ

Title

Organization CRUZ & ASSOCIATES

P.O. Box, Bldg., Room No., if any 1831

Street

City UPLAND

State CA. ZIP Code + 4 91785

4. Date fiscal year ends:

DEC 31/2014

5. Type of person:

a. Individual b. Partnership ☒ Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name SCOTT SALMON

Organization GOLDSTAR FOODS

Trade Name, if any

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

Street 3781 E. AIRPORT DR.

City ONTARIO

State CA. ZIP Code + 4 91761

7. Date entered into:

2/27/2014

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)

14. Signed

Treasurer
(If other title, see instructions)

Title

12/15/15-CEO

Title

On

12-15-15 (714) 269-4836

Date

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- ☒ 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.):

I DID NOT SIGNED ANY AGREEMENT

Specific Activities to be Performed

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

a. Nature of activity:

HELD EMPLOYEE MEETINGS TO INFORM OF THE SEC. 7 RIGHTS AND ANSWER QUESTIONS USING NLRB DOCUMENTS

11.b. Period during which performed:

11.c. Extent performed:

2-27-14

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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 FULL TIME & PART TIME DRIVERS

12.b. Identify subject labor organizations:

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LOCAL 853

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