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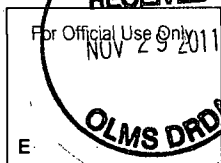Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Official Use Only

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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)

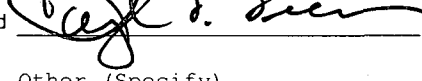| READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |
| --- |

470147

1. File Number: c- 529

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Daryl Valdez	Name
Title Consultant	Title
Organization Mid Valley Labor Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 15908 Clarisse St.	Street
City Bakersfield	City
State California ZIP Code + 4 93312	State ZIP Code + 4

4. Date fiscal year ends:	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):	7. Date entered into: 7 / 22 / 2007
Name Fred Weibel	
Organization Weibel Family Wine Group	8. Name of person(s) through whom made:
Trade Name, if any	Name Lupe Cruz
P.O. Box, Bldg., Room No., if any P.O. Box #7	Name
Street	Name
City Woodbridge	Name
State California ZIP Code + 4 95258	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 Other (Specify) Consultant	Title Treasurer
On _____ _____ 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:

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.):

Paid Hourly. Expenses Reimbursed.

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 them of ther section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

11.b. Period during which performed:	11.c. Extent performed:
11.d. Name and address through whom performed:	**Additional Name and address through whom performed, if any:**
Name Lupe Cruz	Name
Organization Cruz and Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bldg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91785	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
employees in potential bargaining unit	Winery Workers Int'l