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 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00681	
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Juan Cruz	Name Lupe Cruz
Title C.E.O	Title CEO
Organization Reconnect Labor Relations Consultants	Organization Cruz and Associates Labor Relations
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831
Street 29450 Highland blvd	Street
City Moreno Valley	City Upland
State California ZIP Code + 4 92555	State California ZIP Code + 4 91785
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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: 3 / 30 / 2015
Name Andy Hunt	<u> </u>
Organization Con-Way Freight	8. Name of person(s) through whom made:
Trade Name, if any Con-Way Freight XWB Wilkes-Barre	Name
P.O. Box, Bldg., Room No., if any	Name
Street 15 Tamarac Road	Name
City Wilkes-Barre	Name
State Pennsylvania ZIP Code + 4 18702	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	14. Signed Treasurer (If other title, see
Title Other (Specify) instructions)	Title Other (Specify) instructions)
CEO	none
4/3//5 On <del>3/24/201</del> 5 951-413-4402	On
Date Telephone Number	Date Telephone Number

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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.):		
No written agreement.		
Specific Activities to be Derformed		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Employee human Resource assessment on how the company is doing and how the comapny can do a better job with it's employees.		
11.b. Period during which performed:	11.c. Extent performed:	
3/30/15	4/1/2015	
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 Labor Relations	Organization	
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Wilkes-Barre	City	
State Pennsylvania ZIP Code + 4 18702	State ZIP Code + 4	
	State 211 Gode 1 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All employees Drivers, Dock Workers and Service	No Union.	
Center Representative		

File Number C- 00681

Filer: Juan Cruz

Reconnect Labor Relations Consultants