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

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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.

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1. File Number: C- 00483		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name	Name	
Tille	Title	
Organization Cruz & Associates	Organization	
P.O. Box, Bidg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Upland	City	
State Callinfornia ZIP Code + 4 91786	State ZJP Code + 4	
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:	
Name Steve Willdams	4 / 21 / 7016	
Organization K&N Engineering	8. Name of person(s) through whom made:	
Trade Name, If any	Name	
P.O. Box, Bldg., Room No., if any	Name Salas Salas III	
Street 1.455 Citorus	Name	
City Rd.verside	Name	
State California.	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 Viron penalties in the Instructions.)		
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see	
Title President Instructions)	Title Treasurer instructions)	
On 5/17/2016	On C	
Date Telephone Number	Date Telephone Number 5	
	21.1	

Filer: Cruz & Associates	File Number C- 00483			
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 agreement	s must be attached.):			
Figurly rates plus reambursed exprenses				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:  Met with employees concerning their Section 7 rights and answered usting NIRB documents.				
11.b. Period during which performed:	11.c. Extent performed:			
Ongoing	, and the second			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Dan Block	Name Luis Camazena			
Organization Labor Management	Organization LKES			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 1431 Elinor	Street 1975 Alderbrook			
Сіу Суркеза	City Chula Vista			
State Texas ▼ ZIP Code + 4	State California  ZIP Code + 4			
12.a. Identify subject groups of amployees:	12.b. Identify subject labor organizations:			
petitioned for employee group	TAM District 18dg 125			

Filer:	File Number C- 00483	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
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10. Terms and conditions (Explain in detail; see instructions, Written agreement	is must be attached.):	
Specific Activities to be Performed		
<ol> <li>For each activity, separately list in detail the information required (See instruction).</li> <li>Nature of activity:</li> </ol>	dions):	
11.b. Period during which performed:	11.c. Extent parformed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Jaime Erambila	Name Gabriella Martes	
Organization EPC Consultting  P.O. Box, Bldg., Room No., if any  Street 3620 Lomacitas Tane  City Bonita  State California   ZIP Code + 4 91902	Organization Matthes Concultuing  P.O. Box, Blog. Room No., if any  Street 1:6020 Elbert Cir  City Fountain Valley  State California	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	

Filer:	File Number C- 00463	
9. Check the appropriate box to indicate whether an object of the activities und	lartakan is dimellu ar indimete	
The second secon	is taken, is directly or indirectly:	
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain	
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 agreement	ts must be attached in	
The state of the s	a must be attached. J.	
,		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	tions):	
a. Nature of activity:		
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 Rich Waters	Name Javiez Weitzman	
Organization	Organization Isabor Management Associates	
P.O. Box, Bldg., Room No., if any 152	P.O. Box, Bldg., Room No., if any	
Street	Street 14314 Elinor (Ct.	
City Mountain Center	City Cypress	
State Call formia ZIP Code + 4 92561	State Texas ZIP Code + 4 7.7429	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
252	253	

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	Lue danimet C. 07483
9. Check the appropriate box to indicate whether an object of the activities to	undertaken, is directly or indirectly:
	de employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with Information concerning the activities of such employer, except information for use solely in conjunction w	of employees or a labor organization in connection with a labor dispute involving with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreement	ents must be attached.):
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instru-	ructions):
a. Nature of activity:	
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 Omar Cuadra	Name Greg Passant
Organization LiKLS Consulting	Organization Cruz & Associates
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any 1891
Sweet 1975 Alder brooke Ave	Street
City Chula Vista	City Upland
State Callifornia ZIP Code + 4 91913	State Calinfornia  ZIP Code + 4 91786
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
254	

Filer	File Number C- 00483
9. Check the appropriate box to indicate whether an object of the activities u	ndertaken, is directly or Indirectly:
	le employees as to the manner of exercising, the right to organize and bargain  of employees or a labor organization in connection with a labor dispute involving ith an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	ents must be attached.):
Specific Activities to be Performed	
For each activity, separately list in detail the information required (See Inst. a. Nature of activity:	ructions):
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 Ignacio Fresan	Name
Organization (LKES Consulting	] Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1975 Alder brooke Ave	Street
City iChula Vista	City
State California ZIP Code + 4 901913	Stale California  ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations: