U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT Form approved Office of Management and Budget No. 1245-0003 Expires 07-31-2019



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. (84638	
File Number: C 00715	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Luis Camarena	Name
litle Owner	Title
Organization LKLS Consulting	Organization
P.O. Box, Bldg., Room No., if any 863	P.O. Box, Bldg., Room No., if any
Street	Street
City Bonita	City
State California ZIP Code + 4 91908	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 🔽 / 31 a. 🗶 Individual b. Partnership	o 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 Randy Clark	05/01/2017
Organization SD646	8. Name of person(s) through whom made:
rade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 8306 Cautury Park Ct-	Name
, and the second se	Name
Sity San Plego	Haine
City San Plego	Name
City San Diego State California ZIP Code + 4 92123	
State Collifornia ZIP Code + 4 92173 Sign Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine	Name natures
State Colliformer ZIP Code + 4 92123 Sign Each of the undersigned declares, under penalty of perjury and other applicable	Name natures le penalties of law, that all of the information submitted in this report (including

On

Date

Telephone Number

Telephone Number

Filer: Luis Camarena LKLS Consulting	File Number C 00715
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- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. X 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:

To inform employees of their section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:
Ongoing	On-going
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name
Organization Cruz & Associates	Organization
P.O. Box, Bldg., Room No., if any 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:
Call Center	IBEW