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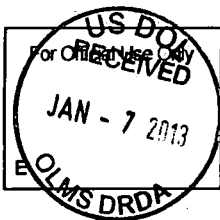Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

509258

1. File Number:	C- 735

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Dana Tran	Name
Title Consultant	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 6575 Alyssa Drive	Street
City San Jose	City
State California ZIP Code + 4 95138	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 10	a. [X] 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: 12 / 3 / 10
Name Bridgett Zeterberg, Esq.	8. Name of person(s) through whom made:
Organization Zale Corporation, Santa Rosa	Name Lupe Cruz
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 901 West Walnut Hill Lane	Name
City Irving	Name
State Texas ZIP Code + 4 75038	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 _(signature)_	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 12/30/12 _____		On _____	
Date Telephone Number		Date Telephone Number	

Form LM-20 (2003)

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:

Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.

11.b. Period during which performed:	11.c. Extent performed:
Ongoing	Held meetings with employees

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name
Organization Cruz & Associate, 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:
All employees in the facility	