U.S. Department of Labor 人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.

1. File Number: C- 00483 Person Filling 2. Name and mailing address (include ZIP Code): Any other address where records necessary to verify this report are kept: Name Name Lupe Cruz Title Title CEO Organization Cruz & Associates, Inc Organization P.O. Box, Bldg., Room No., if any  $_{PO\ BOX\ 1831}$ P.O. Box, Bldg., Room No., if any Street Street City City Upland State California ZIP Code + 4 91785 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: 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: / 4 / 2014 Name George Maciel 8. Name of person(s) through whom made: Organization Alviso, Inc Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 41556 Boscell Road City Fremont Name State California ZIP Code + 4 94538 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.) 14. Signed Treasurer (If other title, see (If other title, see instructions) Title President instructions) Treasurer Title On 3-26-14 909-980-8736
Telephone Number On Date Telephone Number Form LM-20 (2003)

Filer Lupe Cruz & Associates, Inc	File Nümber C- 004.83
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.	
Paid Hourly, Expenses reimbursed	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Held meetings to inform employees of their Section 7 rights and answer questions regarding unions and collective bargaining.	
<u>.                                    </u>	
11.b. Period during which performed: on-going	11.c. Extent performed:  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 & Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any PO 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:
Drivers	Teamsters Local 853, IBT
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