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 arranded. Failure to comply may result in criminal prosecution, fines, or civil persettes 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 arranded. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00483 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Title Title 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 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 23 / 2014 Name Ann Garrett 8. Name of person(s) through whom made: Organization Cacique Name Trade Name, If any Name P.O. Box, Bldg., Room No., if any Name Street 14923 Proctor Ave City La Puente Name ZIP Code + 4 91746 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 VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Title Treasurer Title CEO 7/26/2014 9099808736 On On Telephone Number Date Dete Telephone Number

Filer Cruz & Associates, Inc.	File Number C- 00483
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 reimbursed expenses	
<u> </u>	<del></del>
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instru	ctions):
a. Nature of activity:  Informa employees about their section 7 rights	
11.b. Period during which performed:	11.c. Extent performed:
June 23, 2014	ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Luis Camarena	Name Grecco Romero
Organization LKLS	Organization LKLS
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Sweet 1975 Alderbrooke PL	Street 1975 Alderbrooke PL
City Chula Vista	City Chula Vista
State California ZIP Code + 4 91913	State California ZIP Code + 4 91913
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production Workers	Teamsters Local 63