

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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)

496933
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-681

Person Filing

2. Name and mailing address (include ZIP Code):

Name Juan M Cruz
Title CEO
Organization Reconnect Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 12831 Moreno Beach Dr. Suite 133
City Moreno Valley
State California ZIP Code + 4 92555

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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):

Name Joseph Mendez
Organization Goodwill Industries
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 6648 Franklin lvd
City Sacramento
State California ZIP Code + 4 95823

7. Date entered into:

1 / 27 / 2012

8. Name of person(s) through whom made:

Name
Name
Name
Name
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

Title Other (Specify)
CEO

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 4/28/2012 951-413-4402

Date Telephone Number

On _____

Date Telephone Number

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.):

Hold employee meetings to inform them of their rights under section (7) of the NLRB guide and to answer questions pertaining to the union using NLRB documents for questions and answers.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held employee meetings in small groups to inform them about NLRA.

11.b. Period during which performed:

January 27, 2012

11.c. Extent performed:

February 18, 2012

11.d. Name and address through whom performed:

Name Juan M Cruz
Organization Reconnect Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 12831 Moreno Beach Drive suite 133
City Moreno Valley
State California ZIP Code + 4 92555

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State California ZIP Code + 4

12.a. Identify subject groups of employees:

Employees in potential bargaining unit.

12.b. Identify subject labor organizations:

Internation Brotherhood of Teamsters