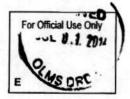
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003



1. File Number:

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 Individual and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMI

Expires 08-31-2016

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

A) RE	S	EI	VED
JUL	0	1	2014
84			10

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 AND ASSOCIATES, 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
Date fiscal year ends:     5. Type of person:	
Dec / 31 a. Individual b. Partnersh	nip c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Victor Winkler	7. Date entered into: 5 / 21 / 2014
Organization Metro Metals Northwest, Inc	8. Name of person(s) through whom made:
rade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 5611 NE Columbia Blad	Name

## Signatures

ZIP Code + 4 97218

Name

Name

	about contamica at any a	, under penalty of perjur accompanying document Section VII on penalties	si nas been examine	e penalties of law d by the signator	, that all of the infor y and is, to the best	mation submitted in this re of the undersigned's know	eport (including wledge and belief,
13. Signed	Second Other (Specify	Clay	President (If other title, see instructions)	14. Signed _			Treasurer (If other title, see
Title	CEO (Specify	<u> </u>	120	Title _			instructions)
On	6-20-14	909-980-8736		On			
	Date	Telephone Numbe	r	:	Date	Telephone Number	

City Portland

State Oregon

Filer: CRUZ AND ASSOCIATES, INC.	File Number C- 00483					
9. Check the appropriate box to indicate whether an object of the activities un	dertaken, 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 wit	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 agreement	nts must be attached.):					
Paid Hourly, Expenses Reimbursed						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instr	uctions):					
a. Nature of activity:						
To inform employees of their Section 7 rights and	answer questions using NLRB and Union documents.					
11.b. Period during which performed:	11.c. Extent performed:					
May 21, 2014	On-going					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Greg Passant	Name Eduardo Padilla					
Organization Cruz and Associates, Inc.	Organization EPC Consulting					
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bldg., Room No., if any					
Street	Street 3620 Lomacitas Lane					
City Upland	City Bonita					
State California ZIP Code + 4 91785	State California ZIP Code + 4 91902					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
All full time and part Drivers at both Portland, Oregon facility and Vancouver, WA facility	Teamsters Local 58 & Teamsters Local 162					

Filer:	CRUZ AND ASSOCIATES, INC.	File Number C- 00483
9. Check th	ne appropriate box to indicate whether an object of the activities under	rtaken, is directly or indirectly:
	To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain
ь. 🔲 Т	To supply an employer with information concerning the activities of em- such employer, except information for use solely in conjunction with a	nployees or a labor organization in connection with a labor dispute involving in administrative or arbitral proceeding or a criminal or civil judicial proceeding
D. Proceedings	and conditions (Explain in detail; see instructions. Written agreements Hourly, Expenses Reimbursed	must be attached.):
Specific Ac	ctivities to be Performed	
11. For eac	ctivities to be Performed  ch activity, separately list in detail the information required (See instructure of activity:	tions):

1.b. Period during which performed:	11.c. Extent performed:
May 21, 2014	On-going
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Juan Cruz	Name Richard Waters
Organization Reconnect Labor Relations Consultants	Organization Gold Rush Services
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any P.O. Box 152
Street 28715 Mark Rd.	Street
City Moreno Valley	City Mountain Center
State California ZIP Code + 4 92555	State California ZIP Code + 4 92561
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full time and part Drivers at both Portland, Oregon facility and Vancouver, WA facility	Teamsters Local 58 & Teamsters Local 162

Form LM-20 (2003)