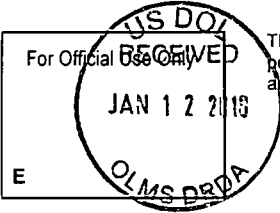


FORM LMI-20  
**AGREEMENT AND ACTIVITIES REPORT**



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)

602820

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66716

**Person Filing**

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

Name GABRIELLE MATTES

Title CEO

Organization GABRIELLE MATTES & ASSOCIATES

P.O. Box, Bldg., Room No., if any 125

Street 11037 WARNER AVE

City FOUNTAIN VALLEY

State California ZIP Code + 4 92708

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

Name LUPE CRUZ

Title CEO

Organization CRUZ AND ASSOCIATES

P.O. Box, Bldg., Room No., if any 1831

Street

City UPLAND

State California ZIP Code + 4 91785

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 ERNESTO RENELLA

Organization WALLY PARK

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 550 SOUTH HOPE STREET SUITE 2200

City LOS ANGELES

State California ZIP Code + 4 90071

7. Date entered into:

7 / 6 / 2014

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

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 12/16/15

Date

714-269-4836

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.):

NO AGREEMENT SIGNED

#### Specific Activities to be Performed

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

a. Nature of activity:

INFORM EMPLOYEES NLRB PROCESS

11.b. Period during which performed:

JULY 6, 2014

11.c. Extent performed:

ONGOING

11.d. Name and address through whom performed:

Name LUPE CRUZ

Organization CRUZ AND ASSOCIATES

P.O. Box, Bldg., Room No., if any

Street 1831

City UPLAND

State California

ZIP Code + 4 91795

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

PRODUCTION WORKERS

12.b. Identify subject labor organizations:

USW