U.S. Department of Labor Office of Labor-Management Standards

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



This report is mandatory under P.L. 86-257, as emended. Failure to comply may result in criminal prosecution, tines, 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.

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1. Fi'e Number; C- 00483	
1. Fte Number: C- 00483	
Person Filing	
Name and mailing address (include ZiP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
	Name
Title	Title
Organization Cruz & Associaties	Organization
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91785	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31. 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:
Name Steve Williams	4 / 21 / 2018
Organization K & N Engineering	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1,455 Citrus	Name
City Riverside	Name
State California ZIP Code + 4 91786	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)	14. Signed Treasurer (If other title, see
Title President (nstructions)	Title Treasurer instructions)
On 11-30-16 909-980-8736	On
Date Telephone Number	Date Telephone Number

Filer:	File Number C-
9. Check the appropriate box to Indicate whether an object of the activities und	lertaken, is directly or indirectly:
To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of e such employer, except information for use solely in conjunction with	employees or a labor organization in connection with a labor dispute involving an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreement	ts must be attached ):
Hourly rate plus expenses.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruc	dione).
a. Nature of activity:	
Met with employees concerning their section 7 rights and answered	questions usin NLRB documents
-	
	11.c. Extent performed: Origoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Dan Block	Name Luis Camarena
Organization (Labor Management	Organization LKLS consulting
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 1431 Elinor	Street 1975 Alderbrooke
City Cypress	City Chula Vista
State California ZIP Code + 4 77429	State California ZIP Code + 4 91913
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Petitioned for employee group	IAm District lodge 725
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Filer:	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities und	dertaken, is directly or indirectly:	
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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 edministrative or arbitral proceeding or a criminal or civil judicial proceeding.		
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<ol> <li>Terms and conditions (Explain in detail; see instructions. Written agreemen Hourly rate plus expenses.</li> </ol>	ts must be attached.):	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	ctions):	
a. Nature of activity:		
Met with employees concerning their section 7 rights and answered	questions usin NLRB documents	
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b. Period during which performed:	11.c. Extent performed:	
Ongoing	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Rich Waters	Name Gabriella Mattes	
Organization	Organization Mattes Consulting	
P.O. Box, Bidg., Room No., if any 152	P.O. Box, Bldg., Room No., if any	
Street	Street 16020 Elbert Ct	
City Mountain Center	City Fountain Valley	
State California ZIP Code + 4 92581	State California ZIP Code + 4 92708	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Petitioned for employee group	IAm District lodge 725	
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Filer	File Number C-
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5. Check the appropriate box to indicate whether all object of the activities unde	ensition, is directly or indirectly:
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b. To supply an employer with information concerning the activities of en such employer, except information for use solely in conjunction with	mployees or a labor organization in connection with a labor dispute involving en administrative or arbitral proceeding or a criminal or civil judicial proceeding.
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Specific Activities to be Performed	
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Met with employees concerning their section 7 rights and answered	questions usin NLRB documents
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.b. Period during which performed:	11.c. Extent performed:
Ongoing	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Javier Weitzman	Name Ignacio Fresen
Organization Labor Management Associates	Organization LKLS consulting
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 14314 Elinor Ct	Street 1975 Alderbrooke
City Cypress	City Chula Vista
State Texas ZIP Code + 4 77429	State California ZIP Code + 4 91913
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Petitioned for employee group	[IAm District lodge 725
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Filer:	File Number C-	
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.  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 agreemen		
Hourly rate plus expenses.	is must be attached.):	
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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:  Met with employees concerning their section; 7 rights and answered questions usin NLR8 documents  Period during which performed:  Ongoing  11.c. Extent performed:  Ongoing		
11.d. Name and address through whom performed:  Name Greg Passant	Additional Name and address through whom performed, if any:  Name Ornar Caudra	
Organization Cruz & Assiciates	Organization LKLS consulting	
P.O. Box, Bidg., Room No., if any 1831	P.O. Box, Bidg., Room No., if any	
Street	Street 1975 Alderbrooke	
City Upland	City Chula Vista	
State Câlifornia ZIP Code + 4 91785	State California ZIP Code + 4 91913	
12.a. Identify subject groups of employees: Petitioned for employee group	12.b. Identify subject labor organizations:  [Am District lodge 725	

Street 3620 Lomacita's Lane Street City Bonita City State California ZIP Code + 4 91902 State California ZIP Code + 4 91902 12.a. Identify subject groups of employees: 12.b. Identify subject labor organizations:	Filer:	File Number C-	
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Ongoing  11.d. Name and address through whom performed:  Name Jaime Brambilla  Organization EPC Consulting  P.O. Box, Bidg., Room No., if any  Street 3820 Lomacitas Lane  City Bonita  State California  ZIP Code + 4 91902  State California  12.b. Identify subject labor organizations:		ed questions usin NLRB documents	
Ongoing  11.d. Name and address through whom performed:  Name Jaime Brambilla  Organization EPC Consulting  P.O. Box, Bidg., Room No., if any  Street 3820 Lomacitas Lane  City Bonita  State California  ZIP Code + 4 91902  State California  12.b. Identify subject labor organizations:	Period during which performed:	11.c Eviant performed	
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Organization EPC Consulting Organization  P.O. Box, Bidg., Room No., if any P.O. Box, Bidg., Room No., if any Street 3820 Lomacitas Lane Street  City Bonita City State California ZIP Code + 4 91902 State California ZIP Code + 4 91902 12.b. Identify subject labor organizations:		Additional Name and address through whom performed, if any:	
P.O. Box, Bidg., Room No., if any  Street 3820 Lomacita's Lane  City Bonita  City California  ZIP Code + 4 91902  State California  ZIP Code + 4 91902  12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations:		Name	
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City Bonita City State California ZIP Code + 4 91902 State California ZIP Code + 4 12.a. Identify subject groups of employees: 12.b. Identify subject labor organizations:	P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
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12.a. Identify subject groups of employees:  12.b. Identify subject labor organizations:	City Bonita	City	
Control of the contro	State California ZIP Code + 4 91902	State California ZIP Code + 4	
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	Petitioned for employee group	<u> </u>	
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