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 07-31-2019



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

683939

1. File Number: C- 00483					
Person Filling					
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name	Name NA				
Title	Title				
Organization Cruz & Associates.	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. Partnershi	ip 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: 8 / 27 / 2018				
Name Jeff Macak					
Organization Bed Bath & Beyond	8. Name of person(s) through whom made:				
Trade Name, if any	Name NA				
P.O. Box, Bldg., Room No., if any	Name				
Street 1001 West Middlesex Avnue	] - Name				
City Port Reading	Name,				
State New Jersey ZIP Code + 4 07064	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	14. Signed Treasurer (If other title, see				
Title Other (Specify) instructions)	Title Treasurer instructions)				
CEO					
On 09/21/2018 909-980-8736	On C				
Date Telephone Number	Date Telephone Number				

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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.):  Hourly Rate Plus Expenses					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruc	tions):				
a. Nature of activity:					
Held meetings to inform employees of their section Relations Act and to Answer questions using the NL					
	'				
11.b. Period during which performed:	11.c. Extent performed:				
Ongoing	NA				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Lupe Cruz	Name Eduardo Padilla				
Organization Cruz & Associates	Organization EPC Consulting				
P.O. Box, Bldg., Room No., if any 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:				
Teamsters	Warehouse Workers				
- 1					

File Number C- 00483

Cruz & Associates.

Filer:	File Number C-			
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40. Target and conditions (Euplain in details are instructions. Written accompany must be attached by				
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Constitution to be Districted				
Specific Activities to be Performed  11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
11.b. Period during which performed: 11.c. Extent performed:				
11.0. Penduduling which pendimed.				
11.d. Name and address through whom performed:  Additional Name and address through whom performed:	dress through whom performed, if any:			
Name Jaime Brambilla Name Luz	Slim			
Organization EPC Consulting Organization Lighto	Labor Inc			
P.O. Box, Bldg., Room No., if any	No., if any			
Street 3620 Lomacitas Lane Street 10515 Mildr	red Street			
City Bonita City E1 Monte				
State California ZIP Code + 4 91902 State California	<b>▼</b> ZIP Code + 4 91733			
12.a. Identify subject groups of employees: 12.b. Identify subject lat	oor organizations:			
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Filer:		File Number C-			
Check the appropriate box to indicate whether an object of the activities undertaken, 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.					
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10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):	<u></u>			
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Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions).				
11.b. Period during which performed:	11.c. Extent performed:				
11.d. Name and address through whom performed:	Additional Name and addres	ss through whom performed, if any:			
Name Sandra Valencia	Name Fernando	Rivera			
Organization Lighto Labor Inc	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.,	if any			
Street 10515 Mildred Street.	Street 2517 Washingt	on Street			
City El Monte	City San Bernadino				
State California ZIP Code + 4 91733	State California	<b>▼ ZIP Code + 4</b> 92407			
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:			
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Filer:	File Number C-				
<ol><li>Check the appropriate box to indicate whether an object of the activities undertaken, is directly or</li></ol>	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.					
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<ol> <li>Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.)</li> </ol>					
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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:					
11.b. Period during which performed: 11.c. Extent perfo	rmed:				
	and address through whom performed, if any:				
Name Arlene Burgueno Name					
Organization RJA Labor Relations Services LLC Organization					
P.O. Box, Bldg., Room No., if any	Room No., if any				
Street 644 Sandyhook Ave Street					
City La Puente City					
State California ZIP Code + 4 91744 State	ZIP Code + 4				
12.a. Identify subject groups of employees: 12.b. Identify sub	oject labor organizations:				