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.

684637

1. File Number: C- 00715					
Person Filing					
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:				
Name Luis Camarena	Name				
Title Owner	Title				
Organization LKLS Consulting	Organization				
P.O. Box, Bldg., Room No., if any 863	P.O. Box, Bldg., Room No., if any				
Street	Street				
City Bonita	City				
State California ZIP Code + 4 91908	State ZIP Code + 4				
4. Date fiscal year ends: 5. Type of person:					
Dec 🖸 / 31 a. 🗙 Individual b. Partnersh	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: 04 / 01 / 7014				
Name Jason Snow					
Organization Culifornia Transit Inc.	8. Name of person(s) through whom made:				
Trade Name, if any San Gabriel Transit Inc	Name				
P.O. Box, Bldg., Room No., if any	Name				
Street 3650 Rockwell Ave.	Name				
City Pl Manle	Name				

## Signatures

Name

91731

ZIP Code + 4

			O.g.	ata co					
the informa	e undersigned declares, un ation contained in any accor at, and complete. (See Sec	mpanying documents	s) has been examine						
13. Signed	Ja (	2	President (If other title, see	14. Signed	I				Treasurer
Title	Sole Proprietor	⊡	instructions)	Title	Other	(Specify	)		(If other title, see instructions)
							· • • •	· · · · · · · · · · · ·	
On	<u>10/01/14</u>			On					
	Date	Telephone Number	•			ate	Telepho	one Number	

Filer: Luis Camarena LKLS Consulting	File Number <b>C</b> - 00715
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- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
  - a. X 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.):

  Paid hourly, expenses reimbursed.

## Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:
- To inform employees of their section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed:	11.c. Extent performed: On-going					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Lupe Cruz	Name					
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					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
Customer Service Representative	Amalgamated Transit Union local 1756					