

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. 1215-0188 Expires 09-30-2011



C- 00483

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 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.

433314

3. Any other address where records necessary to verify this report are kept:
Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4
c. Corporation d. Other (Specify):
and the first of the second se
7. Date entered into: 6 / 17 / 2010
8. Name of person(s) through whom made:
Name
atures
e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
14. Signed Treasurer (If other title, see
Title Treasurer instructions)
On

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Filer: Lupe Cruz	Cruz & Associates, Inc.	File Number C- 00483
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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.):	
Paid Hourly, Expenses Reimbursed	
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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:

Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.

11.b. Period during which performed:	11.c. Extent performed:
June 23 to present	On-going
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Heidi Fisher	Name Jose Agraz
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 24235 Davida	Street 511 W. California Avenue
City Laguna Niguel	City Vista
State California ZIP Code + 4 92677	State California ZIP Code + 4 92084
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees in the facility	
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