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 10-31-2013



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.

500584			
1. File Number: C- 00483			
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to veri	fy this report are kept:	
Name	Name		
Title	Title		
Organization Cruz & Associates, Inc.	Organization		
P.O. Box, Bldg., Room No., if any PO BOX 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):	Code): 7. Date entered into: 5 / 23 / 2012		
Name Luis Espinoza			
Organization Marquez Brothers International, INC.	Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 179 S. 11th Ave.	Name		
City Hanford	Name		
State California ZIP Code + 4 93230	Name		
Sig	atures	-	
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	Tréasurer (If other title, see	
Title Cher (Specify)	Title Treasurer	instructions)	
CEO			
On June 23,2012 9099808736	On		
Date Telephone Number	Date Telephone Nu	umber	

Filer: Cruz & Associates, Inc.	File Number C- 00483		
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			
See instruct See instruct	ions):		
a. Nature of activity:			
Meet with Managers, Supervisors and employees to explain the NLRB election process and collective bargaining while refraining from sayinganything that might tend to suggest or persuede employees the manner in which they might exercise thier rights.			
11.b. Period during which performed:	11.c. Extent performed:		
May 23, 2012 to present	ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Lupe Cruz	Name Luis Camarena		
Organization Cruz & Associates, INC	Organization LKLS		
P.O. Box, Bldg., Room No., if any PO BOX 1831	P.O. Box, Bldg., Room No., if any		
Street	Street 1975 Alderbrook PL		
City Upland	City Chula Vista		
State California ZIP Code + 4 91785	State California ZIP Code + 4 91913		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All Production Employees	Teamsters Local 517		

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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 instruct	ions):		
a. Nature of activity:			
Meet with Managers, Supervisors and employees to exbargaining while refraining from sayinganything the manner in which they might exercise thier rights.			
11 b. Doried during which performed:	11.c. Extent performed:		
11.b. Period during which performed: May 23, 2012 to present	ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Juan Cruz	Name Eduardo Padilla		
Organization Reconnect Labor Relations	Organization EPC Consulting		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 12831 Moreno Beach DR	Street 3620 Lomacitas Lane		
City Rancho Belago	City Bonita		
State California ZIP Code + 4 92555	State California ZIP Code + 4 91902		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All Production Employees	Teamsters Local 517		
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11.b. Period during which performed:	11.c. Extent performed:		
May 23, 2012 to present	ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any: Name Alfonso Reymundo		
Name Elizabeth Hernandez	Name Alfonso Reymundo		
Organization Labor Relations/HR Consultants	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 2504 Albatross St	Street 19619 Bavella CT		
City San Diego	City Salinas		
State California ZIP Code + 4 92101	State California ZIP Code + 4 93908		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All Production Employees	Teamsters Local 517		
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