U.S. Department of Labor
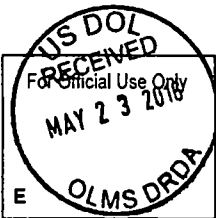Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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)

620614

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00715

Person Filing

2. 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 Consultant	Title
Organization LKLS Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 4630 Border Village Rd. #1120	Street
City San Diego	City
State California ZIP Code + 4 92173	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: 12 / 15 / 2014
Name Ted Cruz	8. Name of person(s) through whom made:
Organization Conway Laredo	Name
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 14610 Mines Rd.	Name
City Laredo	Name
State Texas ZIP Code + 4 78045	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 instructions)
Title Sole Proprietor		Title Treasurer	
On 05/16/2016 (619) 869-1910		On	
Date Telephone Number		Date Telephone Number	

Form LM-20 (2003)

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

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

11.b. Period during which performed: 12/15/2014	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 Inc	Organization
P.O. Box, Bldg., Room No., if any P.O. 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
12.a. Identify subject groups of employees: Drivers and Dock workers	12.b. Identify subject labor organizations: Teamsters