

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

For Official Use Only



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. c- 60483 363846 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name LUPE Name Title Organization CRUZ & ASSOCIATES, INC. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 10261 TRADEMARK ST. #C Street RANCHO CUCAMONGA City ZIP Code + 4 91730 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: c. Corporation d. Other (Specify): DEC 31/2010 a. Individual b. Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Date entered into: 4/5/2010 ADRIAN DIMECH Name 8. Name of person(s) through whom made: Organization DIRECTV Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 19335 SOUTH LAUREL PARK ROAD Name RANCHO DOMINOUEZ Name ZIP Code + 4 98220 State 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 (Spee Section VII on penalties in the instructions.) 13. Signed 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title

On

on <u>4-28-7010 989-9</u>

Telephone Number

Filer: LUPE CRUZ CRUZ FASSOC	VATES INC File Number C- 00 483
Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
Constant appropriate and a support of the support o	
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.): HOLD MEETINGS WITH EMPLOYEES TO INFORM THEM OF THEIR SECTION 7 RIGHTS AND TO ANSWER QUESTIONS REGARDING COLLECTIVE BARGAINING	
REOTHETHO CO	
Specific Activities to be Performed	
a. Nature of activity: HOLD MEBTANGS RESPOND TO QUESTIONS	
11.b. Period during which performed:	11.c. Extent performed: HELD MEETINGS
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name WILLIAM D. LEOPARDI	Name ED ECHANIQUE
Organization CRUZ & ASSOCIATES	Organization
P.O. Box, Bldg., Room No., if any Street 10201 TRADEMARK ST #C	P.O. Box, Bldg., Room No., if any Street 155 BAY LAUREL DRIVE City MOORESVILLE
City RANCHO CUCAMONGA	City MOORESVILLE
State <i>OA</i> ZIP Code + 4 91730	State NC ZIP Code + 4 281/5
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
EMPLOYEES IN POTENTIAL BARGAINING UNIT	INTERNATIONAL ASSOCIATION
BARGAINING UNIT	12.b. Identity subject labor organizations: [INTERNATIONAL ASSOCIATION OF MACHINISTS