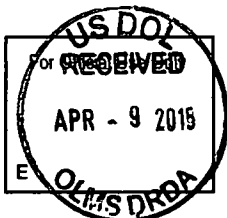


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

590800

1. File Number: C- 00681

Person Filing

2. Name and mailing address (include ZIP Code):

Name Juan Cruz
Title C.E.O
Organization Reconnect Labor Relations Consultants
P.O. Box, Bldg., Room No., if any
Street 29450 Highland blvd
City Moreno Valley
State California ZIP Code + 4 92555

3. Any other address where records necessary to verify this report are kept:

Name Lupe Cruz
Title CEO
Organization Cruz and Associates Labor Relations
P.O. Box, Bldg., Room No., if any 1831
Street
City Upland
State California ZIP Code + 4 91785

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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):

Name Andy Hunt
Organization Con-Way Freight
Trade Name, if any Con-Way Freight XWB Wilkes-Barre
P.O. Box, Bldg., Room No., if any
Street 15 Tamarac Road
City Wilkes-Barre
State Pennsylvania ZIP Code + 4 18702

7. Date entered into:

3 / 30 / 2015

8. Name of person(s) through whom made:

Name
Name
Name
Name
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

Title Other (Specify)

CEO

On

4/3/15
3/24/2015

Date

951-413-4402

Telephone Number

14. Signed

Title Other (Specify)

none

On

Date

Telephone Number

Treasurer
(If other title, see
instructions)

