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 03-31-2019



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)

and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMF

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1. File Number: C-	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Educado Resilla	Name Same
Title Orner	Title
Organization Section Sulfiling	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3364 Bonita Lads dr.	Street
City Ront/S	City
State California ZIP Code + 4 algo?	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / DI a. X 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: 7.   25   2017
Name Brook Logens	8. Name of person(s) through whom made:
Organization <u>Emeral &amp; Textules</u> Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1725 Dorroch Court	Name Same Same Same Same Same Same Same S
City &n Dirgo	Name Same Same Same Same Same Same Same S
State Callifornia ZIP Code + 4 72 154	Name Same Same Same Same Same Same Same S
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	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
On 3/9//2019 (G19) S(7 1473  Date Telephone Number	On Date Telephone Number

Filer:	File Number C- 768
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.	
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):    Hourly: chek plus expenses	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:  Held compleyed meeting be in Rum employees of their Section 7 rights  and ensure questions using the NLRB documents.	
11.b. Period during which performed:	11.c. Extent performed:
On 30 in 3  11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name Drine Brembill
Organization Cruz en d Associates	Organization JRB Consciptions
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 169 - 1506
Street	Street 2364 Paszo de los Americas
City Up) on d	City San Oie50
State Cali Fornia ZIP Code + 4 GJ 785	State Calipornio ZIP Code + 4 92/54
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Orivers 39	teamsters Love 1 542