

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only
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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)

555067
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 681

Person Filing

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

Name Juan Cruz
Title CEO
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
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 Bernard Frieman
Organization Santa Anita Convalescent Hospital
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 5522 Graceland Ave
City Temple City
State California ZIP Code + 4 91780

7. Date entered into:

2 / 27 / 2014

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

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On 3/6/14 951-413-4402
Date Telephone Number

On _____
Date Telephone Number

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.):
No written agreement.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Company requested for Cruz and Associates to do an assessment on how they can better serve thier employees.

11.b. Period during which performed:

2/27/14

11.c. Extent performed:

3/6/14

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz and Associates Labor Relations Consul

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All employees.

12.b. Identify subject labor organizations: