

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

706387

1. File Number: C- 00483

Person Filing

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

Name

Title

Organization Cruz and Associates, Inc.

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

Street

City Upland

State California

ZIP Code + 4 91785

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

Name NA

Title

Organization

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

Street

City

State

ZIP Code + 4

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 Linda Wyatt

Organization Edward C Levy Co.

Trade Name, if any Ace Saginaw Paving Company

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

Street 9300 Dix Avenue

City Dearborn

State Michigan

ZIP Code + 4 48120

7. Date entered into:

4 / 10 / 2019

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

Name

Name

Name

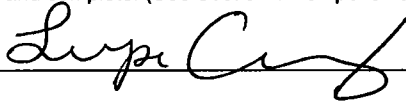
Name

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



President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Title

CEO

On 06/15/2019

909-989-8736

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.):

Hourly Rate 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 meetings with employees to inform them of their Section 7 Rights and to answer questions using the NLRB documents.

11.b. Period during which performed:

On-Going

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Walt J Fitzhenry

Organization

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

Street 45366 Brookside South

City Macomb

State Michigan ZIP Code + 4 48044

Additional Name and address through whom performed, if any:

Name Doug Grima

Organization

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

Street 9044 Satelite Drive

City White Lake

State Michigan ZIP Code + 4 48386

12.a. Identify subject groups of employees:

Operators, Mechanics & Drivers

12.b. Identify subject labor organizations:

International Union Operating Engineers IUOE
Local 324