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

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This report is mandatory under P.L. 86-257, as amended. Falture 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. File Number: C- 00483		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name	Name N/A	
Title	Title	
Organization Cruz & Absociates,	Organization	
P.O. Box, Bidg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Upland	City	
State California ZIP Code + 4 91785	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec 31 a Individual b. Partnership	c. Corporation d. Other (Specify):	
áture of Agreement or Arrangement		
6. Full name and address of employer with whom made (Include ZIP Code):	7. Date entered into: [4] / [21] / [2016]	
Name Steve Williams	8. Name of person(s) through whom made:	
Organization K. & N Engineering		
Trade Name, if any	Name NA	
P.O. Box, Bldg., Room No., if any	Name	
Street 1455_Citrus	Name	
City Riverside	Name Name	
State California ZIP Code + 4 91786	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 Lupe Company President (If other title, see	14. Signed Treasurer	
Title President instructions)	Title (If other title, see instructions)	
On 1-9-2017 909-980-8736 Telephone Number	On Telephone Number . Ct Ct	
	189	

Filer: Cruz & Associates	File Number C-	
Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
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 (Exptain in detail; see instructions. Written agreement	ts must be attached.):	
Hourly rate plus reimbursed expenses.		
	· .	
See the second s		
Specific Activities to be Performed		
 For each activity, separately list in detail the information required (See instruction). Nature of activity: 	ctions):	
Held employee meetings to inform employees of thei	r Section 7 rights and answer montions uni-	
NLRB documents.	- read-tons dating the	
لر. Period during which performed:		
Ongoing	11.c. Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Greg Passant	Name Rich Waters	
	Manie Face. Maters	
Organization Cruz & Associates	Organization	
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any 152	
Street	Street	
City Upland	City Mountain Center	
State California ZIP Code + 4 91785	State California ZIP Code + 4 92561	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
TAM district lodge 725	petitioned for employee group	
` .		

Filer. Cruz & Associates	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
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 agreement	s must be attached.);	
Hourly rate plus reimbursed expenses.		
And the second s		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See Instruc	tinns)	
a. Nature of activity:		
Held employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB documents:		
J. Period during which performed:	11.c. Extent performed:	
Ongoing	NA .	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Dan Block	Name Luis Camarena	
Organization Labor Management	Organization LKLS Consulting	
P.O. Box, Bidg., Room No., if any	P.O. Bax, Bidg., Room No., if any	
Street 1431 Elinor	Street 1975 Alderbrooke	
City Cypress	City Chula Vista	
State California ZIP Code +4 77429	State California ZIP Code + 4 91913	
12.a. identify subject groups of employees:	12.b. Identify subject labor organizations:	
IAM district lodge 725	petitioned for employee group	
:		
The state of the s		