

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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.

1. File Number:

C-

507151

### Person Filing

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

Name Juan M Cruz

Title CEO

Organization Reconnect Labor Relations Consultants

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

Street 12831 Moreno Beach Dr. Suite 133

City Moreno Valley

State California

ZIP Code + 4 92555

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

Name

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 Rodrigo Aberin

Organization Mi Pueblo Food Center

Trade Name, if any General Council

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

Street 1775 Story Road

City San Jose

State California

ZIP Code + 4 95122

7. Date entered into:

9 / 28 / 2012

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 11/02/2012

Date

951-413-4402

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:

Held meetings to informed all employees regarding the I-9 Company Audit by Department of Homeland Security, and explained that no current employees were going to be audited by E-verify this only applies to new employees.

11.b. Period during which performed:

October 2, 2012

11.c. Extent performed:

November 2, 2012

11.d. Name and address through whom performed:

Name Juan M Cruz  
Organization Reconnect Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any  
Street 12831 Moreno Beach Drive suite 133  
City Moreno Valley  
State California ZIP Code + 4 92555

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 regular and part time employees and all supervisors and managers.

12.b. Identify subject labor organizations: