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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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DRDA	
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 NA
Title	Title
Organization Cruz & Associates	Organization
P.O. Box, Bldg., 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 a Individual b Partnership	c. Corporation d. Other (Specify):
	en e
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Brook Logan	7 / 25 /
Organization Emerald Textiles	8. Name of person(s) through whom made:
Trade Name, if any	Name NA
P.O. Box, Bldg., Room No., if any	Name
Street 1725 Dornoch Court	Name
City San Diego	Name
State California ZIP Code + 4 92154	Name
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)
Title President	Title
0/5/2017	, <u> </u>
On 9/5/2017 909-980-8736 Telephone Number	On Date Telephone Number
	- Copieto Hamber

Filer:	Cruz & Associates			File Number C-	00483
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9. Checi	the appropriate box to indicate whether an object of the activities unde	πaκen, is o	airectly or indirectly:		
a. 🔀	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	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.				
	ns and conditions (Explain in detail; see instructions. Written agreements y rate plus expenses.	must be a	attached.):		
<u> </u>		· -			
Specific	Activities to be Performed				· · · · · · · · · · · · · · · · · · ·
	each activity, separately list in detail the information required (See instruc	tions):			
	ature of activity:	ŕ			
Held	employee meetings to inform employees of their Section 7 Rigi	nts and a	nswer questions u	sing the NLRB	documents.
11.b. Pe	riod during which performed:	11 c Fx	tent performed:		
_	ngoing	_	IA		
11.d. Na	me and address through whom performed:	Addition	nal Name and addres	s through whom p	erformed, if any:
Name	Luis Camarena	Name	Eduardo	Padilla	
Organiz	LKLS Consulting	Organiz	ation EPC Consult	ting	
P.O. Bo	x, Bldg., Room No., if any	P.O. Bo	x, Bldg., Room No.,	if any	
Street	153 Avenida Altamira	Street	3364 Bonita Wood	ds Dr.	
City	Chula Vista	City	Bonita		
State (California ZIP Code + 4 91914	State	California		ZIP Code + 4 91902
12.a. lde	entify subject groups of employees:	12.b. lo	lentify subject labor of	organizations:	
Drivers	339	Team	sters Local 542		
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		11			

Filer:	File Number C- 00483			
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.				
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10. Terms and conditions (Explain in detail; see instructions. Written agreements Hourly rate plus expenses.	must be attached.):			
	1			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct	tions):			
a. Nature of activity:				
Held employee meetings to inform employees of their documents.	r Sections 7 Rights and answer questions using NLRB			
documents.				
11.b. 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 Luz Slim	Name Ignacio Fresan			
Organization Lighto Labor inc.	Organization LKLS Consulting			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 10515 Mildred St	Street 153 Avenida Altamira			
City El Monte	City Chula Vista			
State California ZIP Code + 4 91733	State California ZIP Code + 4 91914			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Drivers	Teamsters Local 542			
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Filer:	File Number C- 00483			
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a. Nature of activity:				
Held employee meetings to inform employees of their documents.	c Sections 7 Rights and answer questions using NLRB			
	1			
11.b. Period during which performed:	11.c. Extent performed:			
Ongoing	NA NA			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Albert Slim	Name Phillippe Padilla			
Organization Lighto Labor inc.	Organization LKLS Consulting			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 10515 Mildred St	Street 153 Avenida Altamira			
City El Monte	City Chula Vista			
State California ZIP Code + 4 91733	State California ZIP Code + 4 91914			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Drivers	Teamsters Local 542			
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Hourly rate plus expenses.	must be attached.).				
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a. Nature of activity: Held employee meetings to inform employees of their documents.	: Sections 7 Rights and answer questions using NLRB				
11.b. 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 Jaime Brambilla	Name Joseph Starling				
Organization EPC consulting	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 3364 Bonita Woods Dr.	Street 10417 N. MacArthur, BLVD #239				
City Bonita	City Irvinh				
State California ZIP Code + 4 91902	State California ZIP Code + 4 75063				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Drivers	Teamsters Local 542				

Filer:	File Number C- 00483			
Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:			
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11.b. 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 Fernando Rivera	Name			
Organization AFRS	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street PO BOX 91140	Street Street			
	City			
State California	State California ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Drivers	Teamsters Local 542			