U.S.:Department of Labor

Office of Labor-Management

Standards

Washington Fig. 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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

Standards
Washington 20210

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3 2010

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- 00483 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Lupe Cruz Title Title CEO Organization Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 10201 Trademark Street, Ste C City City Rancho Cucamonga ZIP Code + 4 State California ZIP Code + 4 91730 State 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 2010 Rosenberg Name Nancy 8. Name of person(s) through whom made: Organization Cerebral Palsy Center for the Bay Area Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 4500 Lincoln Avenue City Oakland Name ZIP Code + 4 State California 94602 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, (See Section VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) (Specif Other Treasurer Title Title CEO 12/04/2010 909-980-8736 On On

Date

Date

Telephone Number

Telephone Number

Filer Lupe Cruz Cruz & Associates, Inc.	File Number C- 00483
and a	
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.):	
Held employee meetings to inform them of their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Held meetings in small groups to inform them on unions	
11.b. Period during which performed:	11.c. Extent performed:
On-going	Held meetings with employees
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Greg Passant	Name
Organization Cruz & Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10201 Trademark Street, Ste C	Street
City Rancho Cucamonga	City
State California ZIP Code + 4 91730	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Employees in potential bargaining unit	No union