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



1. File Number:

C- 00483

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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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 & 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 🗾 / 31 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):	7. Date entered into: 2 / 15 / 2017	
Name Thomas Shapiro		
Organization Trade Supplies, Inc.	8. Name of person(s) through whom made:	
Trade Name, if any	Name N/A	
P.O. Box, Bldg., Room No., if any	Name	
Street 5626 Firestone Blvd.	Name	
City South Gate	Name	
State California ZIP Code + 4 92555	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	14. Signed Treasurer (If other title, see	
Title Other (Specify) instructions) CEO	Titleinstructions)	
On 03/19/2017 909-980-8736	On	
Date Telephone Number	Date Telephone Number	

Filer. Cruz & Associates.	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. 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.		
<u> </u>		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity: Held employee meetings to inform employees of their documents.		
11.b. Period during which performed:	11.c. Extent performed:	
Ongoing	N/A	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Lupe Cruz	Name Rich Waters	
Organization Cruz & Associates	Organization	
	P.O. Box, Bldg., Room No., if any 152	
P.O. Box, Bldg., Room No., if any 1831		
Street	Street	
City Upland	City Mountain Center	
State California ZIP Code + 4 91785	State California	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Drivers and warehouse employees	International Brotherhood of teamsters Local Union 63	

Filer:	File Number C-		
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.):		
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruction)	ions):		
a. Nature of activity:			
·			
11.b. Period during which performed:	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Gabrielle Mattes	Name Greco Romero		
Organization Gabrielle Mattes & Associates	Organization LKLS Consultion		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 16020 elbert ct	Street 1975 Alderbrooke Ave		
City fountain valley	City San Diego		
State California ZIP Code + 4 92708	State California ZIP Code + 4 91913		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		

Filer:	File Number C-		
O Charly the appropriate have to indicate whether an object of the activities under	taken is disably an indicathy		
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.):		
	-		
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:			
11.b. Period during which performed:	11.c. Extent performed:		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Juan Cruz	Name Fernando Rivera		
Organization Reconnect Labor Relations	Organization AFRS		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 90141		
Street 29450 Highland Blvd	Street		
City Moreno Valley			
State California ZIP Code + 4 92555	State California ZIP Code + 4 92407		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
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