US 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 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley City Upland State California ZIP Code + 4 92555 State California ZIP Code + 4 91785	: are kept:		
2. Name and mailing address (include ZIP Code): Name Juan Cruz Name Lupe Cruz Title CEO Title CEO Organization Reconnect Labor Relations Consultants Organization Cruz and Associates Labor Relation P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley State California ZIP Code + 4 92555 State California ZIP Code + 4 91785	are kept:		
2. Name and mailing address (include ZIP Code): Name Juan Cruz Name Lupe Cruz Title CEO Title CEO Organization Reconnect Labor Relations Consultants Organization Cruz and Associates Labor Relation P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley State California ZIP Code + 4 92555 State California ZIP Code + 4 91785	t are kept:		
Name Juan Cruz Title CEO Organization Reconnect Labor Relations Consultants P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley State California Cruz Title CEO Organization Cruz and Associates Labor Relation P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California ZIP Code + 4 92555 State California ZIP Code + 4 91785	t are kept:		
Title CEO Organization Reconnect Labor Relations Consultants P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley State California ZIP Code + 4 92555 Title CEO Organization Cruz and Associates Labor Relation P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California ZIP Code + 4 92555			
Organization Reconnect Labor Relations Consultants P.O. Box, Bldg., Room No., if any Street 29450 Highland Blvd City Moreno Valley State California ZIP Code + 4 92555 State California ZIP Code + 4 91785			
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State California ZIP Code + 4 92555 State California ZIP Code + 4 91785	et		
for sharp provincial manual states and the state of the s	City Upland		
4 Data Sandana and	State California ZIP Code + 4 91785		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a. / Individual b. Partnership c. Corporation d. Other (Specify):	nip 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:			
Name Todd Williams	9 / 22 / 2014		
Organization Con-Way Freight 8. Name of person(s) through whom made:	8. Name of person(s) through whom made:		
Trade Name, if any UFV Pacoima Name	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 12466 Montague Street Name			
City Pacoima Name	Name		
State California ZIP Code + 4 91331 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 Hon m. Erry President 14. Signed Treas	surer ner title, see		
	ctions)		
On !0-22-2014 951-413-4402 On			
Date Telephone Number Date Telephone Number			

Filer.		File Number C-		
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.				
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 Contract.				
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Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Informed all employees regarding the National Labor Relations Act, That they have rights under section 7, to support the union or not support the union if they wish.				
en e				
11.b. Period during which performed: September 22, 2014	11.c. Extent performed: October 23, 20	14		
11.d. Name and address through whom performed:	Additional Name and addres	s through whom performed, if any:		
Name Lupe Cruz	Name			
Organization Cruz and Associates Labor Relations Consu.	Organization			
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No.,	f any		
Street	Street			
City Upland	City			
State California ZIP Code + 4 91785	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	rganizations;		
All Employees.		al Union 63, Rialto Ca.		
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