U.S. Department of Labor
Office of Labor-Management
Standards
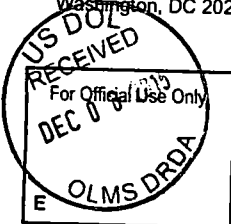Washington, DC 20210

For Official Use Only

**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)

6016 04

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00681

Person Filing	
2. Name and mailing address (include ZIP Code): Name Juan Cruz Title C.E.O 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	3. Any other address where records necessary to verify this report are kept: Name LUPE CRUZ Title CEO Organization CRUZ AND ASSOCIATES LABOR RELATIONS P.O. Box, Bldg., Room No., if any 1831 Street City UPLAND State California ZIP Code + 4 91785
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 Mark Logan Organization Con-Way Freight Trade Name, if any Con-Way Freight San Bernardino (USB) P.O. Box, Bldg., Room No., if any Street 13364 Marlay Ave City Fontana State California ZIP Code + 4 92337	7. Date entered into: 10 / 27 / 2015 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 _(signature)_   President
(If other title, see
instructions)

Title President / CEO

14. Signed _____   Treasurer
(If other title, see
instructions)

Title Other (Specify)

On 10/29/2015   951-413-4402
Date   Telephone Number

On _____ _____
Date   Telephone Number

Form LM-20 (2003)

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:

Conducted employee relations audit to make sure employees could communicate directly to upper management, any issues or concerns.

11.b. Period during which performed: 10/27/15	11.c. Extent performed: 10/29/15
11.d. Name and address through whom performed: Name Lupe Cruz Organization Cruz and Associates Labor Relations P.O. Box, Bldg., Room No., if any Street P.O.Box 91785 City Upland State Florida ZIP Code + 4 32824	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 employees: full time and part time.	12.b. Identify subject labor organizations: No union present or union issues.

Form LM-20 (2003)

Page 2 of 2