U.S. Designment 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.

OLMS.		
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	
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 91786	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:	
Name Daniel Schoenekase		
Organization Fibrwrap an Aegion Company	8. Name of person(s) through whom made:	
Trade Name, if any	Name	
P.O. Box, Bldg., Room No., if any	Name	
Street 1400 E. Orangethorpe Ave.	Name	
City Fullerton	Name	
State California ZIP Code + 4 92831	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.)		
President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)	
Title Other (Specify) Assistant	Title Treasurer Instructions)	
2 10 16 000 000 0720	·	
On 3-10-16 909-980-8739 Date Telephone Number	On Date Telephone Number	
Date Telephone Number	Date Telephone Mulliper	

ruer: Cruz & Associates	File Number C- 00483	
Chack the appropriate how to indicate whether an object of the activities under	takan is directly or indirectly:	
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		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions):	
Held Employee meetings to inform employees of the Section 7 Rights and answer questions using the		
NLRB Documents.		
11.b. Period during which performed:	11.c. Extent performed:	
Ongoing		
11.d. Name and address through whom performed: Name Juan Cruz	Additional Name and address through whom performed, if any:	
	Name	
Organization Reconnect	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 29450 Highland Blvd.	Street	
City Moreno Valley	City	
State California ▼ ZIP Code + 4 92555	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Reconstruction	LIUNA - Labors International Union of North	
	America	