U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

652753

1. File Number: C- 00483			
Person Filing	1		
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name	Name NA		
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		
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: 5 / 1 / 2017		
Name Randy Clark			
Organization SDG & E	8. Name of person(s) through whom made:		
Trade Name, if any	Name NA		
P.O. Box, Bldg., Room No., if any	Name		
Street 8306 Century Park Ct	Name		
City San Diego	Name		
State California ZIP Code + 4 92123	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 6-20-17 Treasurer (If other title, see		
Title President instructions)	Title Other (Specify) Instructions) NA		
On 6/22/2017 909-980-8736	On		
Date Telephone Number	Date Telephone Number		

Filer: Cruz & Associates		File Number C- 00483		
9. Check the appropriate hav to indicate whether an object of the politicities undertaken in directly as indicate.				
 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. 				
Sacri employer, occept morniadori los ase solely in conjunction where	in administrative of arbitral pro			
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 instructions): a. Nature of activity: Held employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB Documents				
11.b. Period during which performed:	11.c. Extent performed:			
Ongoing	NA			
11.d. Name and address through whom performed:	,	ss through whom performed, if any:		
Name Lupe Cruz	Name Greg	Passant		
Organization Cruz& Associates	Organization Cruz & As:	sociates		
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No.,	if any 1831		
Street	Street			
City Upland	City Upland			
State California ZIP Code + 4 91785	State California	ZIP Code + 4 91785		
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:		
Call Center	IBEW	-		

Filer:	File Number C- 00483			
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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	tions):			
a. Nature of activity:				
	j			
11.b. Period during which performed:	11.c. Extent performed:			
11.d. Name and address through whom performed: Name Edward Echanique	Additional Name and address through whom performed, if any: Name Arlene Burgueno			
Organization Labor Relations	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 155 Bay Laurel Dr	Street 644 Sandy Hook Ave			
City Mooresville	City La Puente			
State North Carolina ✓ ZIP Code + 4 28115	State California ZIP Code + 4 91744			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			

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Specific Activities to be Performed				
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a. Nature of activity:	·····			
11.b. Period during which performed:	11.c. Extent performed:			
	Additional New York and Additional Management of the Additional Management			
11.d. Name and address through whom performed: Name Greco Romero	Additional Name and address through whom performed, if any: Name Emigdio Arias			
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Organization LKLS COnsulting	Organization KNA Industrial Relations			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 14804			
Street 1975 Alderbrooke Ave	Street			
City Chula Vista	City Long beach			
State California ▼ ZIP Code + 4 91913	State California ZIP Code + 4 90853			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			