U.S. Detartment 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

For Official Juse Only Pen 1017 and

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.

652754

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 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 / 6 / 2017	
Name Ken Moyle		
Organization Porterville Convalecent Hospital	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 1100 W. Morton Ave	Name	
City Porterville	Name	
State California ZIP Code + 4 93257	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 President instructions)	Title Other (Specify) instructions)	
On 06/21/2017 909-980-8736	On	
Date Telephone Number	Date Telephone Number	

Filer. T Cruz & Associates	File Number C- 00483	
O Charlette appropriate have a indicate whether an object of the activities undertaken is 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.		
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	tions):	
a. Nature of activity:		
Held employee meetings to inform employees of their NLRB documents.	social transfer and another quotient social	
11.b. Period during which performed:	11.c. Extent performed:	
Ongoing	NA	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Emidigo Arias	Name Ignacio Fresan	
Organization KNA Industrail Relationsq	Organization LKLS Consulting	
P.O. Box, Bldg., Room No., if any 14804	P.O. Box, Bldg., Room No., if any	
Street	Street 1975 Alderbrooke Ave	
City Long Beach	City Chula Vista	
State California ZIP Code + 4 90853	State California ZIP Code + 4 91913	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
CNA	SEIU	