U.S. 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).

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

C- 00483 1. File Number: **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 91785 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person. Dec Individual b. Partnership c. X 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: ale / 12 Name Steve Krull 8. Name of person(s) through whom made: Organization Conway Miami Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 16001 NW 48th Ave Name City Miami Name ▼ ZIP Code + 4 State Florida 32824 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 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title 909-980-8736 10/21/2014 On Date Telephone Number Date Telephone Number

Filer: Cruz & Associates	File Number C- 00483
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
s. Check the appropriate box to indicate whether an object of the activities undertaken, is directly of 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 pluss expenses	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Meet with employees and inform them of there section 7 rights and answer questions using NLRB documents for questions and answers.	
11.b. Period during which performed: 09/26/2014	11.c. Extent performed:
11.d. Name and address through whom performed:	Ongoing Additional Name and address through whom performed, if any:
Name Edward Echanique	Name Juan Cruz
Organization	Organization Reconnect Consulting
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 155 Bay Laurel Dr.	Street 12831 Moreno Beach Dr.
City Mooresville	City Rancho Belago
State North Carolina ZIP Code + 4 28115	State California ZIP Code + 4 77429
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers	Teamsters