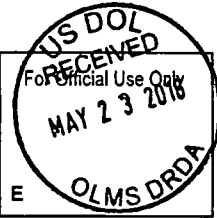


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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)

620607

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00715

Person Filing

2. Name and mailing address (include ZIP Code):

Name Luis Camarena

Title Consultant

Organization LKLS Consulting

P.O. Box, Bldg., Room No., if any

Street 4630 Border Village Rd. #1120

City San Diego

State California

ZIP Code + 4 92173

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

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 Ann Garraff

Organization Cacique

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 14923 Proctor Ave

City La Puente

State California

ZIP Code + 4 91746

7. Date entered into:

6 / 23 / 2014

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

Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 05/16/2016

Date

(619) 869-1910

Telephone Number

On

Date

Telephone Number

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.):

Paid Hourly, Expenses Reimbursed

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To inform employees of their Section 7 rights

11.b. Period during which performed:

4/23/2014

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name Lupe

Cruz

Organization Cruz & Associates Inc

P.O. Box, Bldg., Room No., if any P.O. Box 1831

Street

City Upland

State California

ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name GUICO Romero

Organization LKLS

P.O. Box, Bldg., Room No., if any

Street 1475 Alderbrook Pl.

City Chula Vista

State CA

ZIP Code + 4 91913

12.a. Identify subject groups of employees:

Production Workers

12.b. Identify subject labor organizations:

Teamsters local 63