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.

1. File Number: C- 00681			
Person Filing			
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name Juan Cruz	Name LUPE CRUZ		
Title C.E.O	Title CEO		
Organization Reconnect Labor Relations Consultants	Organization CRUZ AND ASSOCIATES LABOR RELATIONS		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831		
Street 29450 Highland blvd	Street		
City Moreno Valley	City UPLAND		
State California ZIP Code + 4 92555	State California ZIP Code + 4 91785		
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):	7. Date entered into:		
Name Polo Hsue	11 / 6 / 2015		
Organization Maxzone	Name of person(s) through whom made:		
Trade Name, if any Maxzone Auto Parts	Name		
P.O. Box, Bldg., Room No., if any	Name		
Street 15889 Slover Ave	Name		
City Fontana	Name		
State California ZIP Code + 4 92337	Name		
Signat			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see instructions)	14. Signed Treasurer (If other title, see		
Title President CC Instructions)	Title Other (Specify) instructions)		
On 11/29/2015 951-413-4402	On		
Date Telephone Number	Date Telephone Number		
m L M-20 (2003)			

Filer: Juan Cruz Reconnect Labor Relations Consult			
Filer: Juan Cruz Reconnect Labor Relations Consul	tants	File Number C- 00681	
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 (Evolein in details accidents)			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): No written agreement.			
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Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instru	ctions):		
a. Nature of activity:			
Informed all employees regarding the NLRA under se union to represent them or not.	ection 7, that employed	es have the right to choose a	
11.b. Period during which performed:			
11/6/15	11.c. Extent performed: 11/13/15		
11.d. Name and address through whom performed:			
Name Lupe Cruz	Additional Name and address through whom performed, if any:		
Organization Cruz and Associates Labor Relations			
	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if a	пу	
Street P.O.Box 91785	Street	1	
City Upland	City		
State Florida ZIP Code + 4 32824	State	ZIP Code + 4	
2.a. Identify subject groups of employees:			
All employees: full time and part time.	12.b. Identify subject labor orga		
and part time.	International Brotherhood of Teamsters Local 63.		
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