

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
12/31/86

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).

File No. C. **483**

A. Person Filing

1. Name and mailing address (include ZIP code): CRUZ & ASSOCIATES, INC. 10201 TRADEMARK, #C RANCHO CUCAMONGA, CA 91730		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): WASTE MANAGEMENT OF Pennsylvania 1001 FANNIN, SUITE 4000 HOUSTON, TX 77002		6. Date entered into: 09/05/01	
7. Names of persons through whom made: MARK SCHWARTZ			
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.			
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):			

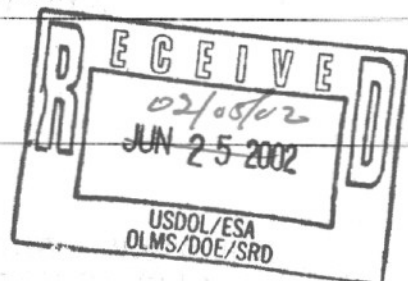
HOLD EMPLOYEE MEETINGS TO INFORM THEM OF THEIR SECTION (7) RIGHTS AND TO ANSWER QUESTIONS PERTAINING TO THE UNIONS, USING NLRB DOCUMENTS AND UNION DOCUMENTS FOR QUESTION AND ANSWER.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):	
a. Nature of activity: HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.	
b. Period during which performed: ON GOING	c. Extent performed: HELD MEETINGS WITH EMPLOYEES
d. Names and addresses of persons through whom performed: JIM MCEWAN, BILL LEOPARDI, MARK JONES, JUAN CRUZ	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

INTERNATIONAL BROTHERHOOD OF TEAMSTERS (IBT)



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> CEO President		Signed: <i>[Signature]</i> Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City	State	Date	Date
at: RANCHO CUCAMONGA, CA	on: 09/26/01	at:	on:



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OMB No. 1214-0001
12/31/96

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).

File No.

C.

483

A. Person Filing

1. Name and mailing address (include ZIP code):

**CRUZ & ASSOCIATES, INC.
10201 TRADEMARK, #C
RANCHO CUCAMONGA, CA 91730**

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

3. Date fiscal year ends:

12-31-01

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

**ZUCKERMAN HERITAGE/DELTA BLUEGRASS
P.O. BOX 487
STOCKTON, CA 95201**

6. Date entered into:

08/01/01

7. Names of persons through whom made:

DENNIS GARDEMEYER

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

HOLD EMPLOYEE MEETINGS TO INFORM THEM OF THEIR SECTION (7) RIGHTS AND TO ANSWER QUESTIONS PERTAINING TO THE UNIONS, USING NLRB DOCUMENTS AND UNION DOCUMENTS FOR QUESTION AND ANSWER.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.

b. Period during which performed:

ON GOING

c. Extent performed:

HELD MEETINGS WITH EMPLOYEES

d. Names and addresses of persons through whom performed:

LUPE CRUZ, BILL MEDRANO

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

INTERNATIONAL BROTHERHOOD OF TEAMSTERS (IBT)

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

Lupe Cruz
(If other title, cross out and write in correct title above.)

**CEO
President**

Signed:

(If other title, cross out and write in correct title above.)

Treasurer

City

State

Date

at: RANCHO CUCAMONGA, CA

on: 8/23/01

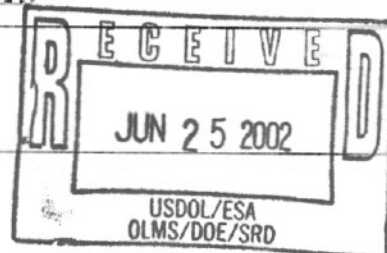
City

State

Date

at:

on:





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OMB No. 1214-0001
12/31/86

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File No. C.

483

A. Person Filing

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3. Date fiscal year ends: 12-31-01	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): DEL AMO CAR WASH 20505 HAWTHORNE BLVD., TORRANCE, CA 90503		6. Date entered into: 08/08/01	
		7. Names of persons through whom made: CHARLES LEE	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.			
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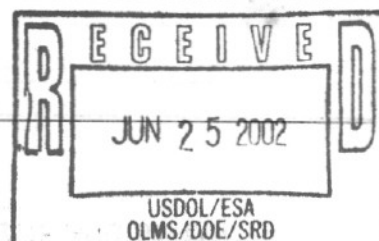
HOLD EMPLOYEE MEETINGS TO INFORM THEM OF THEIR SECTION (7) RIGHTS AND TO ANSWER QUESTIONS PERTAINING TO THE UNIONS, USING NLRB DOCUMENTS AND UNION DOCUMENTS FOR QUESTION AND ANSWER.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.		
b. Period during which performed: ON GOING	c. Extent performed: HELD MEETINGS WITH EMPLOYEES	
d. Names and addresses of persons through whom performed: BILL LEOPARDI, DARYL VALDEZ		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

COMMUNICATION WORKERS OF AMERICA (CWA)



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> (If other title, cross out and write in correct title above.) City State Date at RANCHO CUCAMONGA, CA on 09/05/01		Signed: _____ (If other title, cross out and write in correct title above.) City State Date at _____ on _____	
CEO President		Treasurer	