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 10-31-2013



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- 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 Lupe Cruz Title Title CEO Organization Cruz & Associates, Inc. Organization P.O. Box, Bldg., Room No., if any P.O.Box 1831 P.O. Box, Bldg., Room No., if any Street Street City City Upland State California ZIP Code + 4 91785 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: c. X Corporation Dec Individual b. Partnership Other (Specify): **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2012 Name Joe Mendez 8. Name of person(s) through whom made: Organization Goodwill Industries Name Joe Mendez Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 6648 Franklin Boulevard City Sacramento Name State California ZIP Code + 4 95823 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) Other (Specify) Treasurer Title Title CEO 909-980-8736 2/18/2012 Telephone Number Date Telephone Number Date

Filer Lupe Cruz Cruz & Associates, Inc.	Fil	le Number C- 00483
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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 and answer questions regarding collective bargaining.		
11.b. Period during which performed:	11.c. Extent performed:	
January 23,2012 to present	ongoing	
11.d. Name and address through whom performed:	Additional Name and address th	rough whom performed, if any:
Name Juan Cruz	Name	
Organization Reconnect Labor Relations	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 12831 Moreno Beach Drive	Street	
City Rancho Belago	City	
State California ZIP Code + 4 92555	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Drivers	Teamsters Local 150	