U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

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FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- *768*

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Eduardo R PADILLA	Name
Title OWNER	Title
Organization EPC CONSUTLTING	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3620 LOMACITAS LN	Street
City BONITA	City
State California ZIP Code + 4 91902	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 31	a. [X] 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: *9 / 28 / 2014*
Name *Steve Krull*	
Organization *Con-Way ULA*	**8. Name of person(s) through whom made:**
Trade Name, if any	Name *Lupe Cruz*
P.O. Box, Bldg., Room No., if any	Name
Street *12903 Lakeland Rd*	Name
City *Santa Fe Springs*	Name
State *CA* ZIP Code + 4 *90670*	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 (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On *5-16-16* *619-518-1473*		On _____ _____	
Date Telephone Number		Date Telephone Number	

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'eck 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.):

HOURLY RATE PLUS REIMBURSED EXPENSES

Specific Activities to be Performed

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

a. Nature of activity:

HOLD EMPLOYEE MEETINGS TO INFORM OF THEIR SECTION 7 RIGHTS

11.b. Period during which performed: ONGOING	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name LUPE CRUZ	Name
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	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Managers, Supervisor. + Emp	*IBT, L63*