

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



4/28/2012

Date

On

951-413-4402

Telephone Number

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. **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Juan M Cruz Title Title CEO Organization Organization Reconnect Labor Relations Consultants P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 12831 Moreno Beach Dr. Suite 133 City City Moreno Valley ZIP Code + 4 State California ZIP Code + 4 92555 State 5. Type of person: 4. Date fiscal year ends: a. X Individual b. Partnership c. Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 11 / 2011 Name Toby Helm 8. Name of person(s) through whom made: Organization Santa Anita Convalescent Hospital Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 5522 Gracewood ave City Temple City Name ZIP Code + 4 State California 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 Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Other (Specify) Title CEO

On

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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.):	
Held employee meetings to inform them of their rights under section (7) of the NLRB guide and to answer questions pertaining to the union using NLRB documents for questions and answers.	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Held employee meetings in small groups to inform them about NLRA. Also conducted Human Resource work for Santa Anita Convalescent Hospital.	
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11.b. Period during which performed:	11.c. Extent performed:
August 11, 2011	October 6, 2011
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Juan M Cruz	Name
Organization Reconnect Labor Relations Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 12831 Moreno Beach Drive suite 133	Street.
City Moreno Valley	City
State California ZIP Code + 4 92555	State California ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Employees in bargaining unit.	Service Employee International Union

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