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. 1215-0188 Expires 11-30-2006



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.		
550150		
1. File Number: C- 00483		
Person Filling  2. Name and mailing address (include ZIP Code):	2 Any other address when a second as a second as	
	Any other address where records necessary to verify this report are kept:	
Name Lupe Cruz	Name	
Title CEO	Tittle	
Organization Cruz and Associates, Inc.	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bidg., Room No., if any	
Street	Street	
City Upland	City	
State California ZiP Code + 4 91785	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 31 a Individual b Partnership c Corporation d Other (Specify):		
Nature of Agreement or Arrangement	<u> </u>	
6. Full name and address of employer with whom made (include ZIP Co	ode): 7. Date entered into:	
Name Annette Regan	8. Name of person(s) through whom made:	
Organization DFA Mi.1k		
Trade Name, if any	Name	
P.O. Box, Bidg., Room No., if any	Name	
Street 10220 N. Ambassador Drive	Name	
City Kansas City	Name	
State Missouri ZIP Code + 4 64153	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other the information contained in any accompanying documents) has been true, correct, and complete. (See Section VII on penalties in the instru	applicable penalties of law, that all of the information submitted in this report (including a examined by the signatory and is, to the best of the undersigned's knowledge and belief, actions.)	
13. Signed Leve Coe President	14. Signed Treasurer	
(If other title instructions	ile, see (If other title, see	
Title Other (Specify)	Title Treasurer	
CEO		
On 03/27/2014 (909) 980-8736	On ·	
Date Telephone Number	Data Tolophorn Number	

Fuer Lupe Cruz Cruz and Associates, Inc.	File Number C- 00483	
10 (Charle Mail Constant Const		
9. Check the appropriate box to indicate whether an object of the activities und	ertaken, is directly or indirectly:	
a. To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain	
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 agreement	ts must be attached.):	
Paid Hourly, Expenses Reimbursed	· ·	
,		
<u> </u>		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instru	iclians)	
a. Nature of activity:		
To inform employees of their Section 7 rights and	answer questions using NLRB & Union Documnets.	
	•	
11.b. Period during which performed:	11.c. Extent performed:	
04/14/2013	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any	
Name Lupe. Cruz	Name	
Organization Cruz and Associates, Inc.	Organization	
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bidg., 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:	47 h Identificantinal labora company	
•	12.b. Identify subject labor organizations:  IBT Local: 186	
Production Workers	TBT LOCAL: 186	
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