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 08-31-2016



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.

	<u>400000</u>				
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				
Title	Title				
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	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					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:				
Name Dawn Kennedy	/ / / / / / / / / / / / / / / / / / / /				
Organization American Apparel	8. Name of person(s) through whom made:				
Trade Name, if any	Name				
P.O. Box, Bldg., Room No., if any	Name				
Street 747 Warehouse St.	Name				
City Los Angeles	Name				
State California ✓ ZIP Code + 4 90021	Name				
Signatures					
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including				
13. Signed President (If other title, see instructions)	14. Signed Treasurer (If other title, see				
Title Other (Specify) Receptionist	Title Treasurer instructions)				
On 10/24/2015 909-980-8736	On				
Date Telephone Number	Date Telephone Number				

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Filer: Cruz & Associates			File Number C- 00483	
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 concern such employer, except information for use sole	ning the activities of employees on the in conjunction with an adminis	or a labor organization trative or arbitral proc	n in connection with a labor dispute involving seeding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instruction	s. Written agreements must be	attached.):		
Hourly plus expenses.				
			* 1 × 2 × 3	
Specific Activities to be Performed				
11. For each activity, separately list in detail the information	n required (See instructions):			
a. Nature of activity:				
Documents.				
11.b. Period during which performed:	11.c. E)	tent performed:	***	
Ongoing				
11.d. Name and address through whom performed:	Addition	nal Name and address	s through whom performed, if any:	
Name Lupe Cruz	Name	Juan	Cruz	
Organization Cruz & Associates	Organiz	ation Reconnect	Consulting	
P.O. Box, Bldg., Room No., if any 1831		ox, Bldg., Room No., i		
Street Street		29450 Highland		
			BIVG.	
City Upland	City [Moreno Valley		
State California ZIP Code +	4 91785 State	California	▼ ZIP Code + 4 92555	
12.a. Identify subject groups of employees:	12.b. k	lentify subject labor o	rganizations:	
Production	Gener	ral Brotherhoo	d of American Apparel Workers	
			<u> </u>	

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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.				
such employer, except infor	nation for use solely in conjunction with a	n administrative or arbitral pro	n in connection with a labor dispute involving ceeding or a criminal or civil judicial proceeding.	
	2			
10. Terms and conditions (Explain in de	etail; see instructions. Written agreements	must be attached.):		
	f I			
Specific Activities to be Performed	<u> </u>			
	i letail the information required (See instruct	ionalı		
a. Nature of activity:	etali tre information required (See instruct	uons):	·	
11.b. Period during which performed:		11.c. Extent performed:		
11.d. Name and address through whom			ss through whom performed, if any:	
Name Greco	Romero	Name Jaime	Brambila	
Organization LKLS Consulting		Organization EPC Consu	lting	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No.,	if any	
Street 1975 Alderbrooke Ave		Street 3620 Lomacita	s Ln.	
City Chula Vista		City Bonita		
State California	ZIP Code + 4 91913	State California	ZIP Code + 4 91902	
12.a. Identify subject groups of employee	es:	12.b. Identify subject labor of	organizations:	
			<u> -</u>	
			11	
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
 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. 				
To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with an employer.	ployees or a labor organization in connection with a labor dispute involving nadministrative or arbitral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached.):			
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions):			
11.b. Period during which performed:	11.c. Extent performed:			
	· · · · · · · · · · · · · · · · · · ·			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Gabrielle Mattes	Name Ignacio Fresan			
Organization Mattes Consulting	Organization LKLS Consulting			
P.O. Box, Bldg., Room No., if any				
Street 16020 Elbert Circle	Street 1975 Alderbrooke Ave			
City Fountain Valley	City Chula Vista			
State California ▼ ZIP Code + 4 92728	State California ZIP Code + 4 91913			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			

Filer:		·		File Nu	mber C-
Check the appropriate box to indicate	9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
a. To persuade employees to e collectively through represer	xercise or not to exercise, or persuade em ntatives of their own choosing. I	nployees a	s to the manner of e	exercising	g, the right to organize and bargain
b. To supply an employer with i	nformation concerning the activities of emmation for use solely in conjunction with a	iployees or n administ	r a labor organizatio rative or arbitral pro	n in conn ceeding o	nection with a labor dispute involving or a criminal or civil judicial proceeding.
	8 8 15				·
10. Terms and conditions (Explain in de	etail; see instructions. Written agreements	must be at	ttached.):		
. 1	6				
Specific Activities to be Performed	<u> </u>	5			
		· ·			
a. Nature of activity:	letail the information required (See instruct	ions):			·
a. Nature of dealing.	<u> </u>		<u> </u>		
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*. *					
					
11.b. Period during which performed:		11.c. Ext	ent performed:		
11.d. Name and address through whom	n performed:	Addition	al Name and addres		h whom performed, if any:
Name Rich	Vaters	Name	Jose		Palacios
Organization	8	Organiza	Trident Co	onsult	ing
			***	_	
P.O. Box, Bldg., Room No., if any 152	<u></u>	P.O. Box	k, Bldg., Room No.,	if any _	
Street		Street 5	655 Vineland	Stree	t
City Mountain Center	2	City N	orth Hollywoo	od	
State California	▼ ZIP Code + 4 92561	State C	California		ZIP Code + 4 91601
12.a. Identify subject groups of employee	3	12.b. ld	entify subject labor o	organizati	ions:
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