U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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. 00483 1. File Number: Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name **Lupe Cruz** Name Title Title CEO Organization Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street P.O. Box 1831 Street City Upland City State ZIP Code + 4 CA 91785 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: 31-Dec 2010 Individual Partnership C. Corporation Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 12 3 2010 Bridgett Zeterberg, Esq. Name 8. Name of person(s) through whom made: Organization Zale Corporation Name Trade Name, if any P.O. Box, Bldg., Room No., if any Name Street 901 West Walnut Hill Lane Name City Irving Name State ZIP Code + 4 TX 90056 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, VII on penalties in the instructions.) 13. Signed resident 14. Signed Treasurer (If other title, see (If other title, see instructions) President instructions) Treasurer

Date

On

December 30, 2010

Date

909-980-8736

Telephone Number

Telephone Number

Filer:	Lupe Cruz, Cruz & Associates, Inc.		File Number C-	00483		
9. Check	9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:					
	The appropriate sentential and appear of the activities a	riderialien, is directly of indirectly.				
а.	To persuade employees to exercise or not to exercise, or persuad collectively through representatives of their own choosing.	le employees as to the manner of e	exercising, the right to org	ganize and bargain		
b. X	To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction w	of employees or a labor organization ith an administrative or arbitral produces.	n in connection with a lat eeding or a criminal or c	oor dispute involving civil judicial proceeding.		
10. Term	ns and conditions (Explain in detail; see instructions. Written agreem	ents must be attached.):				
	Paid hourly, expenses reimbursed.					
	See attached list of facilities covered.					
Specific	Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Inform employees about their Section 7 rights and answer questions regarding collective bargaining .						
11.b. Pe	riod during which performed:	11.c. Extent performed:				
	Dec 6 to present	On-going				
11.d. Na Name	ime and address through whom performed:	Additional Name and address	s through whom perform	ed, if any:		
	William Leopardi/Gregory Passant	Name Dana Tran	Name Dana Tran			
	ation Cruz & Associates, Inc.	Organization	Organization			
P.O. Box	x, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street	P.O. Box 1831	Street 117 Bernal Roa	d #70-175			
City	Upland	City San Jose				
State	CA ZIP Code + 4 91785	State CA	ZIP Co	de + 4 95119		
12.a. Identify subject groups of employees:		12.b. Identify subject labor o	rganizations:			
	All non-supervisory employees in the facility	UFCW Local 5				

Zale Corporation

	Dates	Facility	Address	Consultants
1	7-Dec	Vacaville	131 Nut Tree Road	Leopardi/Passant
			Vacaville, CA 95687	
2	8-Dec	Monterey	420 Del Monte Center	Leopardi/Passant
			Monterey, CA 93940	
3	9-Dec	Salinas	728 Northridge Mall	Leopardi/Passant
			Salinas, CA 93906	
4	6-Dec	Hayward	530 Southland Mall	Tran
			Hayward, CA 94545	
5	6-Dec	Serramonte	107b Serramonte Center	Tran
			Daly City, CA 94005	
6	6-Dec	Hilltop	2200 Hilltop Mall Rd	Tran
			Richmond, CA 94806	
7	7-Dec	Antioch	2550 Somersville Rd Sui	Tran
			Antioch, CA 94509 0000	
8	7-Dec	Citrus Heights	6030 Sunrise Mall	Tran
			_ Citrus Heights, CA 95610	
9	7-Dec	Arden Fair	1689 Arden Way Ste 2156	Tran
			Sacramento, CA 95815	
10	7-Dec	Folsom	13000 Folsom Blvd	Tran
			Folsom, CA 95630	
11	8-Dec	Fairfield	1350 Travis Blvd	Tran
			Fairfield, CA 94533	
12	8-Dec	Santa Rosa	2054 Santa Rosa Plaza	Tran
4.0		0.1	Santa Rosa, CA 95401	_
13	8-Dec	Gilroy	8155 Arroyo Circle	Tran
		s art in	Gilroy, CA 95020	_
14	9-Dec	Milpitas	447 Great Mall Drive Ste	Tran
			Milpitas, CA 95035	