Ú.S. Départment 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 07-31-2019



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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and organiz	To, office obstant 200(b) of the 2000 management reporting and bisdestate Act of 1000, as a
	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1-5-6-110	
1. File Number: C- 65548	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name David A Gercia	Name \ \ \( \lambda \)
Title President	Title \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Organization Burna Cruck Mgmt Corpultin	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 2134 Brena Crub 120 ind	Street 0208-1-
City VISTA	City
State ZIP Code + 4 ZIP Code + 4 ZIP Code + 4	State ZIP Code + 4
4. Date fiscal year ends:  5. Type of person:  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):  Name    John   R   G-65   F   A   N	7. Date entered into:
Organization American Reclamation	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 4560 Doran Street	Name
City Los Angeles	Name
State CA ZIP Code + 4 9003-9-1006	Name
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying accuments) 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 instructions)
Title President	Title
On 11-13-2017 (7-14) - 17-6-3-9-0-7 Date Telephone Number	On Date Telephone Number

Filer Buena Crack Mgmt Consu	Thy LL File Number C- 655 48				
9. Check the appropriate box to indicate whether an object of the activities unde	rtaken, 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. If o 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.):				
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):  Verbal agreement made in November 2011 with  Vuderstanding that pyment for services to be  Made in 195tallments.					
understanding that pryment for services to be					
made in installments.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruc	lions):				
a. Nature of activity:	, .				
(1) box 9 a · Bo and directed of	ection then withdrawn				
ky union die et com	munication with employed				
a. Nature of activity:  (1) box 9 a: Bo and directed efection, then with drawn  by union, direct communication with employee  and prepenations of written materials.					
and prejounditing	ledon Lims				
(2) box 9 b: Spanish translations of employee declarations					
11.b. Period during which performed:	11.c. Extent performed:				
11-2011 - 12-2011	RC Petition withdrain				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name David A Garing	Name				
Organization Bucha Coul Mant Corsul	Longanization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 2/34 Bienc Cruh Rd	Street				
City Vista	City 1020817				
State ZIP Code + 4 92084	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Gorters, drivers, maintenance	1BT Local 396				
	[]				