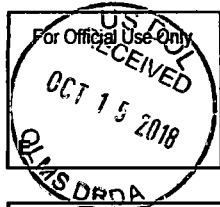


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

684637

1. File Number: C-00715

Person Filing	
2. Name and mailing address (include ZIP Code): Name Luis Camarena Title Owner Organization LKLS Consulting P.O. Box, Bldg., Room No., if any 863 Street City Bonita State California <input checked="" type="checkbox"/> ZIP Code + 4 91908	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input checked="" type="checkbox"/> 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 Jason Snow Organization California Transit Inc. Trade Name, if any San Gabriel Transit Inc. P.O. Box, Bldg., Room No., if any Street 3650 Rockwell Ave. City El Monte State California ZIP Code + 4 91731	7. Date entered into: 06 / 01 / 2018 8. Name of person(s) through whom made: Name Name Name Name 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
Title Sole Proprietor ☒

President
(If other title, see
instructions)

14. Signed _____
Title Other (Specify) ☒

Treasurer
(If other title, see
instructions)

On 10/01/18
Date Telephone Number

On _____
Date Telephone Number

