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 03-31-2019



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

652746

ORU!				
1. File Number: <b>C-</b> 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 N/A			
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 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				
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:			
Name Barbara Contreras	1 / 30 / 2017			
Organization Kaweah Manor	8. Name of person(s) through whom made:			
Trade Name, if any	Name N/A			
P.O. Box, Bldg., Room No., if any	Name			
Street 3710 W. Tulare Ave	Name			
City Viselia	Name			
State California ZIP Code + 4 93227	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 President (If other title, see	14. Signed Treasurer (If other title, see			
Title President instructions)	Title Other (Specify) instructions)			
On 06/21/2017 909-980-8736	On			
Date Telephone Number	Date Telephone Number			

rier. Cruz & Associates	File Number C- 00463		
Check the appropriate box to indicate whether an object of the activities under	taken, 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 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.):			
Hourly rate plus expenses.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:  Held Employee meetings to inform employees of their	r Section 7 rights and answer questions using the		
Held Employee meetings to inform employees of their Section 7 rights and answer questions using the NLRB documents.			
11.b. Period during which performed:	11.c. Extent performed:		
Ongoing	N/A		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Greg Passant	Name Greco Romero		
Organization Cruz & Associates	Organization LKLS Consulting		
Organization Cruz & Associates	Organization Like Section Like Section 1997		
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any		
Street	Street 1975 Alderbrooke Ave.		
City Upland	City Chula Vista		
State California ZIP Code + 4 91785	State California ZIP Code + 4 91913		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Petitioned for group	SEIU 2015		

<u></u>				
Filer:		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 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.):			
Specific Activities to be Performed	<u> </u>			
11. For each activity, separately list in detail the information required (See instruc a. Nature of activity:	tions):			
11.b. Period during which performed:	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:		
Name Jose Palacios	Name	_		
Organization Trident Labor Solutions	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., it	any		
Street 5655 Vineland Ave	Street			
City North Hollywood	City			
State California ZIP Code + 4 91601	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:		