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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

TO DO					
1. File Number: C- 00483					
Person Filing					
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 ZIP Code +	4 91785	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Type of per	son:	•			
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: 3 / 17 / 2014			
Name Sharon Ginchansky		,			
Organization Los Angeles Jewish Home		8. Name of person(s) through whom made:			
Trade Name, if any		Name			
P.O. Box, Bldg., Room No., if any		Name			
Street 7150 Tampa Ave.		Name			
City Reseda		Name			
State California ZIP Code +	<b>4</b> 91335	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.)					
Title Other (Specify) CEO	President (If other title, see instructions)	14. Signed Title	Treasurer		Treasurer (If other title, see instructions)
On 3-21-15 969-990 Date Telephone Num		On	Date	Telephone Number	_

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 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 expenses plus expenses					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
Held employee meetings to imform employees of the section 7 rights and answer questions using NLRB documents.					
	i				
11.b. Period during which performed:	11.c. Extent performed:				
Ongoing					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Lupe Cruz	Name Eduardo Padilla				
Organization Cruz & Associates	Organization EPC Consulting				
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any				
Street	Street 3620 Lomacitas Ln.				
City Upland	City Bonita				
State California ZIP Code + 4 91785	State California ZIP Code + 4 91902				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Health Care Workers	SEIU				

Filer:

Cruz & Associates

File Number C- 00483

## Specific Activities to be Performed (Continuation Page)

- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:

Held Meetings to imform employees of the section 7 rights and answer questions using NLRB documents

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 Javier Carbone	Name Edward Echanique			
Organization Rivera Carbone Consulting	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 30200 Rancho Viejo Rd. Suite A	Street 155 Bay Laurel Dr.			
City San Juan Capostrano	City MoorseVille			
State California ZIP Code + 4 92675	State North Carolina ZIP Code + 4 28115			
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street	Street			
City	City			
State ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			