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.

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ORUI		
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 NA	
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	
Date fiscal year ends:     5. Type of person:		
Dec 🔽 / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):	
1		
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name Terri Waldorf	9 / 17 / 2017	
Organization Benicia Senior Living	8. Name of person(s) through whom made:	
Trade Name, if any	Name NA	
P.O. Box, Bldg., Room No., if any	Name	
Street 2330 Debok Road.	Name	
City West Linn	Name	
State Oregon ZIP Code + 4 97068	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 Other (Specify) instructions)	Title instructions)	
On 09/25/17 909-980-8736	On C	
Date Telephone Number	Date Telephone Number	
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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 rate plus expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	tions):	
a. Nature of activity:	·	
Held employee meetings to inform employees of thei NLRB documents.	r Section 7 Rights and answer questions using the	
The documents.		
·		
	<del></del>	
11.b. Period during which performed: ongoing	11.c. Extent performed:	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Jaime Brambilla	Name Fernando Rivera	
<u> </u>		
Organization EPC Consulting	Organization AFRS	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any 91140	
Street 3364 BOnita Woods Dr.	Street	
City BOnita	City San Bernadino	
State California ZIP Code + 4 91902	State California ZiP Code + 4 92407	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
CNA	SEIU	
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Filer.	File Number C-	
Charleston commission has to indicate whether a shirt of the satisfic and	delta la dia dia dia dia dia	
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	<del></del>	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	tions):	
a. Nature of activity.		
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 Greco Romero	Name	
Organization LKLS Consulting	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 153 Avenida Altamira	Street	
City Chula Vista	City	
State California  ZIP Code + 4 91914	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
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