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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

		5710410	0		
1. File Number: C- 00483					
	· · · · · · · · · · · · · · · · · · ·				
Person Filing					
Name and mailing address (include ZIP Code):		3. Any other	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 ZIF	Code + 4 91785	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Ty	pe 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 ente		/ 15 / 201	4
Name Wade Rogers				7 15 / 201	<u> </u>
Organization Conway Charlotte		8. Name of person(s) through whom made:			
Trade Name, if any		Name			
P.O. Box, Bldg., Room No., if any		Name			
Street 6701 Old Stateville Rd.		Name			
City Charlotte		Name			o o
State North Carolina ZII	P Code + 4 28269	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 instructions)	14. Signed			Treasurer (If other title, see instructions)
Title Other (Specify) CEO		Title	Treasurer		- ,
On 1/27/2015 909-980	· · · · · · · · · · · · · · · · · · ·	On			
Date Telep	hone Number		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 rate plus expenses					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruction	ons):				
a. Nature of activity:					
Held employee meetings to inform employees of the section 7 rights and answer questions using NLRB Documents.					
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 Greg Passant	Name Edward Echanique				
Organization Cruz & Associates	Organization				
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any				
Street	Street 155 Bay Laurel Dr				
City Upland	City Moorseville				
State California ZIP Code + 4 91785	State North Carolina ZIP Code + 4 28115				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Drivers and dock workers	Teamsters				
	·				

Filer:	File Number C-				
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					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
	La Santa de la Caracteria de la Caracter				
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 Juan Cruz	Name Rich Waters				
Organization Reconnect Labor Relations	Organization Cruz & Associats				
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any 1831				
	Street				
Street 12831					
City Rancho Belago	City Upland				
State California ZIP Code + 4 97429	State California ZIP Code + 4 91785				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
	·				