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FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010



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 Disciosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS	CAREFULLY BEFORE PREPARING THIS REPORT.
1. File Number: C- 00483 343846	
Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Lupe Cruz	Name
Title CEO	Title
Organization Cruz & Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10201 Trademark St., #C	Street
City Rancho Cucamonga	City
State California ZIP Code + 4 91730	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
Dec / 0/8 a. Individual b. Par	rtnership c. Corporation d Other (Specify):
Nature of Agreement or Arrangement	distribution of the second later
6. Full name and address of employer with whom made (include ZIP Col Name Kent Clayton	xde): 7. Date entered into: 5 / 23 / 2008
Organization Placentia-Linda Hospital	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1301 Rose Drive	Name
City Placentia	Name
State California. 22P.Code + 4 92870	Name patricipation of the control of
1,1%	Signatures
the information contained in any accompanying documents) has been used true, correct, and complete. (See Section VII on penalties in the instruction of the control of the	14. Signed Treasurer (If other title, see
Title Other (Specify) CEO	Title Treasurer
On 06/23/2008 909-980-8736 Date Telephone Number	On Telephone Number
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Filer Tupe Cruz Cruz & Associates, Inc.	File Number C- 00483		
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 arbifral proceeding or a criminal or civil judicial proceeding.			
			
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):			
Hold employee meetings to inform their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.			
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 in small groups to inform the	hem on unions		
11.b. Period during which performed:	11.c. Extent performed:		
On going	Held meetings with employees		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Bill Leopardi	Name Maria Lupe DeCaesar		
Organization Cruz & Associates, Inc.	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 10201 Trademark St., #C	Street 5334 Lindley Avenue, #137		
City Rancho Cucamonga	City Encino		
State California ZIP Code + 4 91730	State California ZIP Code + 4 91316		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Employees in potential bargaining unit	United Nurses Association of California/Union of Health Care Professionals		