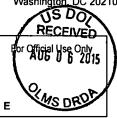
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

## 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.

	· · · · · · · · · · · · · · · · · · ·
1. File Number: C- 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
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: 6 / 8 / 2015
Name Joseph Mailberger	8. Name of person(s) through whom made:
Organization P+R Paper Supply Company	
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1898 E. Colton Ave.	Name
City Redlands	Name
State California ZIP Code + 4 92374	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 June Cos President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
On 7/29/2015 909-980-8736	
On 7/29/2015 909-980-8736 Pate Telephone Number	On
acco receptions number	Paro respirate 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 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 thier section 7 rights and answer questions using NLRB		
documents		
11.b. Period during which performed:	11.c. Extent performed:	
ongoing	The Extent performed.	
	Additional Norward address About the second of the second	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Daniel Block	Name Gabrielle Mattes	
Organization Labor Management	Organization Mattes Consulting	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 14314 Elinor	Street 16020 Elbert Circle	
City Cypress	City Fountain Valley	
State Texas ZIP Code + 4	State California ▼ ZIP Code + 4 92708	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
warehouse	Teamsters Local 63	
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