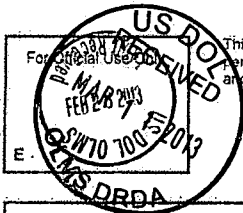


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0186  
Expires 11-30-2006



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:

514479

1. File Number: C-00715

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Luis Camarena	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name
Organization LKLS Consulting	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1975 Alderbrook Pl	P.O. Box, Bldg., Room No., if any
City Chula Vista	Street
State California	City
ZIP Code + 4 91913	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends: Dec / 11	
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Joe Conion	7. Date entered into: 10 / 25 / 2011
Organization Aviation Safeguards	8. Name of person(s) through whom made:
Trade Name, if any	Name Lupe Cruz
P.O. Box, Bldg., Room No., if any	Name
Street 8929 Sepulveda Boulevard, Ste 300	Name
City Los Angeles	Name
State California	Name
ZIP Code + 4 90045	

## 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 <u>[Signature]</u>	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title <u>Sole Proprietor</u>		Title <u>Treasurer</u>	
On <u>02/28/2012</u>	<u>619-869-1910</u>	On _____	_____
Date	Telephone Number	Date	Telephone Number

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.):

Paid Hourly. Expenses reimbursed.

**Specific Activities to be Performed**

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

a. Nature of activity:

Held meetings with employees to inform them of their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

11.b. Period during which performed:

On-going

11.c. Extent performed:

Held meetings with employees

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates, Inc.

P.O. Box, Bldg., Room No., if any P.O. Box 1831

Street

City Upland

State California

ZIP Code +4 91785

Additional Name and address through whom performed, if any:

Name Eduardo Padilla

Organization LKLS Consulting

P.O. Box, Bldg., Room No., if any

Street 1975 Alderbrook Pl

City Chula Vista

State California

ZIP Code +4 91913

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

SEIU