U.S. Department of Labor Office of Labor-Management



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.

1. File Number: C- 00681			
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Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name Juan	Cruz	Name	
Title C.E.O			
		Title CEO	
Organization Reconnect Labor Relations Consultants		Organization CRUZ AND ASSOCIATES LABOR RELATIONS	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any 1831	
Street 29450 Highland blvd		Street	
City Moreno Valley		City UPLAND	
State California	ZIP Code + 4 92555	State California ZIP Code + 4 91785	
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:	
Name Dawn Kennedy		9 / 8 / 2015	
Organization American Apparel, Inc.		Name of person(s) through whom made:	
Trade Name, if any American Apparel, Inc.		Name	
P.O. Box, Bldg., Room No., if any		Name	
Street 747 Warehouse		Name	
City Los Angeles		Name	
State California	ZIP Code + 4 90021	Name	
Signature			
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 signature and in the heart 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 Com - President 14. Signed			
	(If other title, see	14. Signed Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title Other (Specify) instructions)	
CEO		none	
On 10/8/2015 951	-413-4402	On	
Date	Telephone Number	Date Telephone Number	

Filer: Juan Cruz Reconnect Labor Relations Consulta	nts File Number C- 00681			
9. Chook the appropriate how to indicate whether a chiral of the chiral				
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	y must be attached).			
No written agreement.				
•				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions):			
To Persuade employees to excersise their right to choose a union or not under section 7 of the National Labor Relations Act.				
Relations Act.				
11.b. Period during which performed:	11.c. Extent performed:			
9/8/2015	10/8/2015 on going			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Lupe Cruz	Name			
Organization Cruz and Associates Labor Relations	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street P.O.Box 91785	Street			
City Upland	City			
State California ZIP Code + 4 91785	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All employees: full time and part time.	General Brotherhood of American Apparel 310 N. Soto Street Los Angeles, Ca. 90033			