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 10-31-2013



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- 00483 Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Cruz Lupe Title Title CEO Organization Organization Cruz & Associates P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any 1831 Street Street City City Upland ZIP Code + 4 ZIP Code + 4 91785 State California 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. X Corporation d. Other (Specify): Dec Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 10 / 2012 Name Francisco Lara 8. Name of person(s) through whom made: Organization Marquez Brothers Enterprises, Inc. Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 15480 Valley Blvd. City of Industry Name ZIP Code + 4 91746 State California 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.) 14. Signed Treasurer (If other title, see (If other title, see instructions) Title Treasurer Other (Specify) On <u>5-7-/2</u> <u>909-980-8)3-C</u>
Date Telephone Number On Telephone Number Date

File: Lupe Cruz Cruz & Associates		File Number C- 00483	
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.):			
Bill 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:			
Advise employees of their Seciton (7) rights and answer questions using NLRB & union 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 Lupe Cruz	Name Juan Cic.	WET LABOR RELATIONS	
Organization Cruz & Associates	Organization RECいい	NET LABOR RECATIONS	
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if	any	
Street	Street 12831 M	ortho beach dr ste 133	
City Upland	City MORENO VALLE		
State California ZIP Code + 4	State CALIFORNIA	ZIP Code + 4 92558	
12.a. Identify subject groups of employees:	12.b. Identify subject labor on	ganizations:	
Potential bargaining unit employees			

Filer Lupe Cruz 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.): Bill Hourly & Expenses Reimbursed			
bili houliy w Expended Reimburden			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions):			
a. Nature of activity:			
Advise employees of their Seciton (7) rights and answer questions using NLRB & union 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 Lupe Cruz	Name LUIS CAMARENA		
Organization Cruz & Associates	Organization LILLS		
P.O. Box, Bldg., Room No., if any 1831	P.O. Box, Bldg., Room No., if any		
Street	Street 1975 ALO ELBROOK PL		
City Upland	Street 1975 ALD ERBROOK PL City CHULA VISTA		
State California ZIP Code + 4	State CA ZIP Code + 4 9/8/3		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations: TEAMSTERS Local 630		
Potential bargaining unit employees			