



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
12/31/86

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)

File No.

C.

483

A. Person Filing

1. Name and mailing address (include ZIP code): CRUZ & ASSOCIATES, INC. 10201 TRADEMARK, #C RANCHO CUCAMONGA, CA 91730		2. Any other address where records necessary to verify this report are kept:	
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): CASITAS CARE CENTER 12814 RIVERSIDE DRIVE NORTH HOLLYWOOD, CA 91607		6. Date entered into: 07/00
		7. Names of persons through whom made: ROBERT REISS
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):		

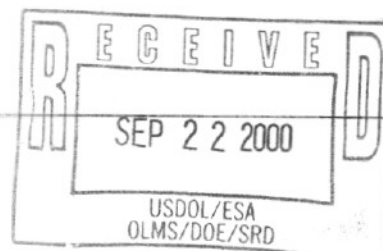
HOLD EMPLOYEE MEETINGS TO INFORM THEM OF THEIR SECTION (7) RIGHTS AND TO ANSWER QUESTIONS PERTAINING TO THE UNIONS, USING NLRB DOCUMENTS AND UNION DOCUMENTS FOR QUESTION AND ANSWER.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):		
a. Nature of activity: HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.		
b. Period during which performed: ON GOING	c. Extent performed: HELD MEETINGS WITH EMPLOYEES	
d. Names and addresses of persons through whom performed: TINO ALVARZ		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>Luz Cruz</i> (If other title, cross out and write in correct title above.) City State Date a. RANCHO CUCAMONGA, CA on 8/00			Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on:		
CEO President			Treasurer		



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A. Person Filing

1. Name and mailing address (include ZIP code): CRUZ & ASSOCIATES, INC. 10201 TRADEMARK, #C RANCHO CUCAMONGA, CA 91730	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-00	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): COLLEGE HEALTH ENTERPRISES 8141 EAST 2ND STREET, SUITE 500 DOWNEY, CA 90241	6. Date entered into: 07/00
7. Names of persons through whom made: PEGGY HAMILTON	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

HOLD EMPLOYEE MEETINGS TO INFORM THEM OF THEIR SECTION (7) RIGHTS AND TO ANSWER QUESTIONS PERTAINING TO THE UNIONS, USING NLRB DOCUMENTS AND UNION DOCUMENTS FOR QUESTION AND ANSWER.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.	
b. Period during which performed: ON GOING	c. Extent performed: HELD MEETINGS WITH EMPLOYEES
d. Names and addresses of persons through whom performed:	

LUPE CRUZ, JAMES MCEWAN, LUZ CEBALLOS, JACK BERMUDEZ, CARLOS ORTIZ, FERNANDO RIV

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: 8/00 at: RANCHO CUCAMONGA, CA	CEO President Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____ at: _____	Treasurer Signed: _____ (If other title, cross out and write in correct title above.) City: _____ State: _____ Date: _____ at: _____
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CRUZ & ASSOCIATES, INC.
10201 TRADEMARK, #C
RANCHO CUCAMONGA, CA 91730

2. Any other address where records necessary to verify this report are kept:

3. Date fiscal year ends:

12-31-00

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

EDGEWATER CONVALESCENT HOSPITAL
2625 E. FOURTH STREET
LONG BEACH, CA 90814

6. Date entered into:

07/00

7. Names of persons through whom made:

DEBBIE GRANT

8. 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.

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C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:

HELD EMPLOYEE MEETINGS IN SMALL GROUPS TO INFORM THEM ON UNIONS.

b. Period during which performed:

ON GOING

c. Extent performed:

HELD MEETINGS WITH EMPLOYEES

d. Names and addresses of persons through whom performed:

AL REYES

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <u>Lupe Cruz</u>			Signed: _____		
CEO President			Treasurer		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: RANCHO CUCAMONGA, CA		on: 08/00	at:		on: