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 03-31-2019

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1. File Number: C- 0

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.

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| 1. File Number: C- 00483  |   |  |  |  |  |
|---|---|--|--|--|--|
| Person Filing   |   |  |  |  |  |
| Name and mailing address (include ZIP Code):  | 3. Any other address where records necessary to verify this report are kept:  |  |  |  |  |
| Name Name   | Name N/A  |  |  |  |  |
|   |   |  |  |  |  |
| 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 / 13 / 2016   |  |  |  |  |
| Name Oscar Garcia   | 8. Name of person(s) through whom made:   |  |  |  |  |
| Organization Norcal Beverage  |   |  |  |  |  |
| Trade Name, if any  | Name NA   |  |  |  |  |
| P.O. Box, Bldg., Room No., if any   | Name  |  |  |  |  |
| Street 1226 N Olive St  | Name  |  |  |  |  |
| City Anaheim  | Name  |  |  |  |  |
| State California  ZIP Code + 4 92801  | Name  |  |  |  |  |
| Signatures  |   |  |  |  |  |
| Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed  President (If other title, see instructions) | e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed  Treasurer (If other title, see instructions) |  |  |  |  |
| On 1-9-2017 909-980-8736  | On  |  |  |  |  |
| Date Telephone Number   | Date Telephone Number   |  |  |  |  |

| Filer: Cruz & Associates  |                                   | File Number C-                     |  |  |  |
|---|-----------------------------------|------------------------------------|--|--|--|
|   |                                   |                                    |  |  |  |
| Check the appropriate box to indicate whether an object of the activities under   | taken, 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 rate plus reimbursed expenses.  |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
| Specific Activities to be Performed   |                                   |                                    |  |  |  |
| 11. For each activity, separately list in detail the information required (See instruct   | tions):                           |                                    |  |  |  |
| a. Nature of activity:  |                                   |                                    |  |  |  |
| Held employee meetings to inform employees of their NLRB documents.   | r Section 7 rights a              | nd answer questions using the      |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
| 11.b. Period during which performed:  | 11.c. Extent performed:           |                                    |  |  |  |
| Ongoing   | NA                                |                                    |  |  |  |
| 11.d. Name and address through whom performed:  | Additional Name and address       | ss through whom performed, if any: |  |  |  |
| Name Greg Passant   | Name Juan                         | Cruz                               |  |  |  |
| Organization Cruz & Associates  | Organization Reconnect            | Consulting                         |  |  |  |
| P.O. Box, Bldg., Room No., if any 1831  | P.O. Box, Bldg., Room No.,        | if any                             |  |  |  |
| Street  | Street 29450 Highlan              | d Blvd                             |  |  |  |
| City Upland   | City Moreno                       |                                    |  |  |  |
| State California    ✓ ZIP Code + 4 91785  | State California                  | ▼ ZIP Code + 4 92555               |  |  |  |
|   |                                   |                                    |  |  |  |
| 12.a. Identify subject groups of employees:   | 12.b. Identify subject labor      | organizations:                     |  |  |  |
| IAMAW district lodge W24  | Warehouse workers                 |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
|   |                                   |                                    |  |  |  |
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| Filer. Cruz & Associates  |  | File Number C-                     |  |  |  |
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| •   |  |                                    |  |  |  |
| Check the appropriate box to indicate whether an object of the activities unde  | rtaken, 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.  |  |                                    |  |  |  |
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|   |  |                                    |  |  |  |
| 10. Terms and conditions (Explain in detail; see instructions. Written agreements Hourly rate plus reimbursed expenses.   | must be attached.):  |                                    |  |  |  |
| noully late plus lelimbursed 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 their Section 7 rights and answer questions using the NLRB documents.  |  |                                    |  |  |  |
|   |  |                                    |  |  |  |
| 11.b. Period during which performed:  | 11.c. Extent performed:  |                                    |  |  |  |
| Ongoing   | NA Additional Name and Na |                                    |  |  |  |
| 11.d. Name and address through whom performed:  Name Jose Palacios  | Name Luis  | ss through whom performed, if any: |  |  |  |
| Organization Trident Labor Solutions  |  |                                    |  |  |  |
|   | Organization LKLS Cons   | utting                             |  |  |  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No.,   | if any                             |  |  |  |
| Street 5655 Vineland Ave  | Street 1975 Alderbro   | oke Ave                            |  |  |  |
| City North Hollywood  | City Chula Vista   |                                    |  |  |  |
| State California ZIP Code + 4 91601   | State California   | ZIP Code + 4 91913                 |  |  |  |
| 12.a. Identify subject groups of employees:   | 12.b. Identify subject labor   | organizations:                     |  |  |  |
| IAMAW district lodge W24  | Warehouse workers  |                                    |  |  |  |
|   |  |                                    |  |  |  |
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| Filer: Cruz & Associates  |                                    | File Number C-                     |  |  |  |
|---|------------------------------------|------------------------------------|--|--|--|
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|   |                                    |                                    |  |  |  |
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|   |                                    |                                    |  |  |  |
|   |                                    |                                    |  |  |  |
| Specific Activities to be Performed   |                                    |                                    |  |  |  |
| 11. For each activity, separately list in detail the information required (See instruction). a. Nature of activity:   | tions):                            |                                    |  |  |  |
| Held employee meetings to inform employees of thei NLRB documents.  | r Section 7 rights a               | nd answer questions using the      |  |  |  |
| 11.b. Period during which performed:  | 11.c. Extent performed:            |                                    |  |  |  |
| Ongoing   | NA                                 |                                    |  |  |  |
| 11.d. Name and address through whom performed:  | F                                  | ss through whom performed, if any: |  |  |  |
| Name Ignacio Fresan   | Name NA                            |                                    |  |  |  |
| Organization LKLS Consulting  | Organization                       |                                    |  |  |  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No.,         | if any                             |  |  |  |
| Street 1975 Alderbrooke Ave   | Street                             |                                    |  |  |  |
| City Chula Vista  | City                               |                                    |  |  |  |
| State California ZIP Code + 4 91913   | State California                   | ▼ ZIP Code + 4                     |  |  |  |
| 12.a. Identify subject groups of employees:   | 12.b. Identify subject labor       | organizations:                     |  |  |  |
| IAMAW district lodge W24  | Ware Youse workers                 |                                    |  |  |  |
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