

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, lines, or civil penalties as provided by 29 U.S.C. 436 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 1956, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1, File Number: C- 00483	
Person Filling	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization Cruz & Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any PO Box 1831	P.O. Box, Bidg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91785	State ZIP Code + 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 / 20 / 2014
Name Gene Zarillo	,
Organization Huhtamaki	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bidg., Room No., if any	Name
Street 4209 B Noakes St.	Name
City Commerce	Name
State California ZIP Code + 4 90023	Name
Signa	tures
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.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,
13. Signed Sure Cruz President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer (instructions)
On 7/26/2014 9099808736	On
Date Telephone Number	Date Telephone Number

Faer. Cruz & Associates, Inc.	File Number C- 00483
9. 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 em	ployees as to the manner of exercising, the right to organize and bargain
collectively through representatives of their own choosing.	
To symply an employer with information concerning the activities of em	ployees or a tabor organization in connection with a labor dispute involving
b. 10 supply an employer with information concerning the activities of employer, except information for use solely in conjunction with a	n administrative or arbitral proceeding or a criminal or civil judicial proceeding.
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10 Towns and analysis of Contains and Association Section 141100	
 Terms and conditions (Explain in detail; see instructions. Written agreements 	must be attached.):
Bill hourly and charge expenses	
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct	ions):
a. Nature of activity:	
Inform employees about the NLRB process.	
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11.b. Period during which performed:	11.c. Extent performed:
June 20, 2014	ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name Eduardo Padilla
Organization Cruz & Associates, Inc	Organization EPC Consultung
Olganization Teles a Telescope and Telescope	Organization
P.O. Box, Bidg., Room No., if any PO Box, 1831	P.O. Box, Bldg., Room No., if any
Street	Street 3620 Lomacitas Ln
	OBCCI SUZU DOMECTEUB BIT
City Upland	City Bonita
State California ZIP Code + 4 91785	State California ZIP Code + 4 91902
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Pundhatian Hayleava]
Production Workers	USW
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File Number C- 00483

Specific Activities to be Performed (Continuation Page)

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

Inform employees about the NLRB process.

Name Organization Organization P.O. Box, Bldg., Room No., if any Street City Name Organization P.O. Box, Bldg., Room No., if any City City	11.c. Extent performed:
Organization P.O. Box, Bldg., Room No., if any Fountain Valley Street 16020 Blbert Circle City State California ZIP Code + 4 92708 State Additional Name and address through whom performed, if any: Name Organization Organization Organization P.O. Box, Bldg., Room No., if any Name Organization P.O. Box, Bldg., Room No., if any Street City Street City State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City Street City Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	. ongoing
Organization P.O. Box, Bldg., Room No., if any Fountain Valley Street 16020 Blbert Circle City State California ZIP Code + 4 92708 State California Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any State City State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street Street City State ZIP Code + 4 2IP Code + 4 State ZIP Code + 4 12.a. Identify subject groups of employees: 1.12.b. Identify subject labor organizations:	performed: Additional Name and address through whom performed, if any:
P.O. Box, Bldg., Room No., if any Fountain Valley Street 16020 Blbert Circle City State California ZIP Code + 4 92708 State California Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City Street City State ZIP Code + 4 Tale. Identify subject groups of employees: 7.12.b. Identify subject labor organizations:	enkins Name
Street 16020 B1bert Circle City State California ZIP Code + 4 92708 State ZIP Code + 4 92708 Additional Name and address through whom performed, if any: Name Organization Organization Organization P.O. Box, Bidg., Room No., if any Street City Street City State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bidg., Room No., if any Street City Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	Organization
City State California ZIP Code + 4 92708 State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 City Street City State ZIP Code + 4 P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	ntain Valley P.O. Box, Bidg., Room No., if any
State California ZIP Code + 4 92708 State ZIP Code + 4 Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Street
Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 12.a. Identify subject groups of employees: - 12.b. Identify subject labor organizations:	City
Name Organization Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	ZIP Code + 4 92708 State ZIP Code + 4
Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	horn performed, if any: Additional Name and address through whom performed, if any:
P.O. Box, Bidg., Room No., if any Street City State ZiP Code + 4 12.a. Identify subject groups of employees: 1.12.b. Identify subject labor organizations:	Name -
Street City State ZIP Code + 4 12.a. Identify subject groups of employees:	Organization
City State ZIP Code + 4 State ZIP Code + 4 12.a. Identify subject groups of employees:	P.O. Box, Bldg., Room No., if any
State ZIP Code + 4 State ZIP Code + 4 12.a. Identify subject groups of employees:	Street
12.a. Identify subject groups of employees:	City
	ZIP Code + 4 State ZIP Code + 4
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