

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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 **393776**

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| <b>Person Filing</b>   |  |
| 2. Name and mailing address (include ZIP Code):<br><br>Name Lupe Cruz<br><br>Title CEO<br><br>Organization Cruz & Associates, Inc.<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street 10201 Trademark Street, #C<br><br>City Rancho Cucamonga<br><br>State California ZIP Code + 4 | 3. Any other address where records necessary to verify this report are kept:<br><br>Name<br><br>Title<br><br>Organization<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4 |
| 4. Date fiscal year ends:<br><br>Dec / 9   | 5. Type of person:<br>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):                   |

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| <b>Nature of Agreement or Arrangement</b>   |  |
| 6. Full name and address of employer with whom made (include ZIP Code):<br><br>Name Erin S Martino<br><br>Organization Fresenius Medical Care NA<br><br>Trade Name, if any<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street 920 Winter Street<br><br>City Waltham<br><br>State Massachusetts ZIP Code + 4 02451 | 7. Date entered into:<br><br>3 / 11 / 2009<br><br>8. Name of person(s) through whom made:<br><br>Name Erin S Martino<br><br>Name<br><br>Name<br><br>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.)

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| 13. Signed<br>Title <u>Other (Specify)</u><br>CEO<br><br>On <u>04/09/2009</u> <u>909-980-8736</u><br>Date Telephone Number | 14. Signed _____<br>Title <u>Treasurer</u><br><br>On _____<br>Date Telephone Number |
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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.):

Hold employee meetings to inform their section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers.

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| <b>Specific Activities to be Performed</b>  |   |
| <p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Held employee meetings in small groups to inform them on unions</p>   |   |
| <p>11.b. Period during which performed:</p> <p>On going</p>   | <p>11.c. Extent performed:</p> <p>Held meetings with employees</p>  |
| <p>11.d. Name and address through whom performed:</p> <p>Name Carlos Ortiz</p> <p>Organization Cruz &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10201 Trademark St, #C</p> <p>City Rancho Cucamonga</p> <p>State California ZIP Code +4 91730</p> | <p>Additional Name and address through whom performed, if any:</p> <p>Name Juan Cruz</p> <p>Organization Cruz &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10201 Trademark St, #C</p> <p>City Rancho Cucamonga</p> <p>State California ZIP Code +4 91730</p> |
| <p>12.a. Identify subject groups of employees:</p> <p>Employees in potential bargaining unit</p>  | <p>12.b. Identify subject labor organizations:</p> <p>Teamsters Local 986</p>   |