

# 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.**

427315

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name Lupe Cruz Title CEO Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any Street 10201 Trademark Street, #C City Rancho Cucamonga State California ZIP Code + 4 91730	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 10	5. 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):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Lola Borrego Organization Millbrae Serra Convalescent Hospital Trade Name, if any P.O. Box, Bldg., Room No., if any P.O. Box 789 Street 150 Serra Avenue City Millbrae State California ZIP Code + 4 94030	7. Date entered into: 2 / 17 / 2010 8. Name of person(s) through whom made: Name Name Name Name 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.)

13. Signed <u>[Signature]</u> Title <u>Other (Specify)</u> CEO On <u>03/12/2010</u> <u>909-980-8736</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ 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.

**Specific Activities to be Performed**

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

a. Nature of activity:

Held employee meetings in small groups to inform them on unions

11.b. Period during which performed:

On going

11.c. Extent performed:

Held meetings with employees

11.d. Name and address through whom performed:

Name Lupe Cruz  
 Organization Cruz & Associates, Inc.  
 P.O. Box, Bldg., Room No., if any  
 Street 10201 Trademark Street, #C  
 City Rancho Cucamonga  
 State California ZIP Code +4 91730

Additional Name and address through whom performed, if any:

Name Luis Camarena  
 Organization LKLS Consulting  
 P.O. Box, Bldg., Room No., if any  
 Street 1975 Alderbrook Pl  
 City Chula Vista  
 State California ZIP Code +4 91913

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

SEIU / NUHW