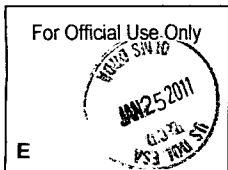


# FORM LM-20

## 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.**

441 770

1. File Number: C- **00483**

|  |  |
|--|--|
| <b>Person Filing</b>   |  |
| 2. Name and mailing address (include ZIP Code):<br><br>Name <b>Lupe Cruz</b><br><br>Title <b>CEO</b><br><br>Organization <b>Cruz &amp; Associates, Inc.</b><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <b>P.O. Box 1831</b><br><br>City <b>Upland</b><br><br>State <b>CA</b> ZIP Code + 4 <b>91785</b> | 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><b>31-Dec / 2011</b>  | 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):          |

|   |  |
|---|--|
| <b>Nature of Agreement or Arrangement</b>   |  |
| 6. Full name and address of employer with whom made (include ZIP Code):<br><br>Name <b>Monica Lozano, CEO</b><br><br>Organization <b>La Opinion, PL</b><br><br>Trade Name, if any<br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <b>700 S. Flower St., Ste 3000</b><br><br>City <b>Los Angeles</b><br><br>State <b>CA</b> ZIP Code + 4 <b>90017</b> | 7. Date entered into: <b>12 / 23 / 2010</b><br><br>8. Name of person(s) through whom made:<br><br>Name<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.)

13. Signed *William P. Separdi* President  
 Title President  
 (If other title, see instructions)

14. Signed \_\_\_\_\_ Treasurer  
 Title Treasurer  
 (If other title, see instructions)

On 17-Jan-11 Date Telephone Number 909-980-8736

On \_\_\_\_\_ Date Telephone Number \_\_\_\_\_

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.):

**Paid hourly, expenses reimbursed.**

**Specific Activities to be Performed**

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

a. Nature of activity:

**Inform employees about their Section 7 rights and answer questions regarding collective bargaining**

11.b. Period during which performed:  
**Dec 28 to present**

11.c. Extent performed:  
**On-going**

11.d. Name and address through whom performed:

Name **William Leopardi**  
 Organization **Cruz & Associates, Inc.**  
 P.O. Box, Bldg., Room No., if any  
 Street **P.O. Box 1831**  
 City **Upland**  
 State **CA** ZIP Code + 4 **91785**

Additional Name and address through whom performed, if any:

Name **Edward Echanique**  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street **155 Bay Laurel Drive**  
 City **Mooresville**  
 State **NC** ZIP Code + 4 **28115**

12.a. Identify subject groups of employees:

**All reporters and photographers**

12.b. Identify subject labor organizations:

**CWA Local 9400**