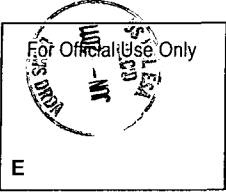


# FORM LM-20

## 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.**

460467

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 P.O. Box 1831  Street  City Upland  State California ZIP Code + 4 91785	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 / 11	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 Daniel Wintner  Organization Kennedy Care Center  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 619 N. Fairfax Avenue  City Los Angeles  State California ZIP Code + 4 90036	7. Date entered into:  5 / 3 / 2011  8. Name of person(s) through whom made:  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 Title <u>Other (Specify)</u> CEO  On <u>5/25/2011</u> <u>909-980-8736</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> Treasurer (If other title, see instructions)  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.):

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:

Hold meetings with employees to inform them of their Section (7) rights and to answer questions pertaining to the union using NLRB documents and union documents for questions and answers

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

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

12.a. Identify subject groups of employees:

Employees in potential bargaining unit

12.b. Identify subject labor organizations:

ULTCW SEIU