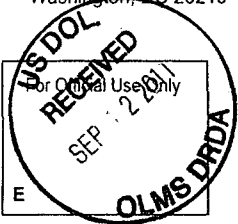


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

465990

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Lupe Cruz	3. Any other address where records necessary to verify this report are kept:
Title CEO	Name
Organization Cruz & Associates, Inc.	Title
P.O. Box, Bldg., Room No., if any P.O. 1831	Organization
Street	P.O. Box, Bldg., Room No., if any
City Upland	Street
State California ZIP Code + 4 91785	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	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 David Schacter	7. Date entered into: 8 / 5 / 2011
Organization Santa Anita Convalescent Hospital	8. Name of person(s) through whom made:
Trade Name, if any	Name David Schacter
P.O. Box, Bldg., Room No., if any	Name
Street 5522 Gracewood Avenue	Name
City Temple City	Name
State California ZIP Code + 4 91780	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	President (if other title, see instructions)	14. Signed _____	Treasurer (if other title, see instructions)
Title Other (Specify) CEO		Title Treasurer	
On 9-4-11 9099808736	Date Telephone Number	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:

August 5, 2011 to present

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Exsistng bargaining unit

12.b. Identify subject labor organizations:

SEIU ULTCW

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:

To inform employees about their Section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed:

August 5, 2011 to present

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

Name Juan Cruz
 Organization Reconnect Labor Relations Consultants
 P.O. Box, Bldg., Room No., if any
 Street 12831 Moreno Beach Drive
 City Rancho Belago
 State California ZIP Code + 4 92555

12.a. Identify subject groups of employees:

Exsisting bargaining unit

12.b. Identify subject labor organizations:

SEIU ULTCW

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.

<p>11.b. Period during which performed:</p> <p>August 5, 2011 to present</p>	<p>11.c. Extent performed:</p> <p>ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Lupe Cruz</p> <p>Organization Cruz & Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any P.O. 1831</p> <p>Street</p> <p>City Upland</p> <p>State California ZIP Code +4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Eduardo Padilla</p> <p>Organization LKLS Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1975 Alderbrook Place</p> <p>City Chula Vista</p> <p>State California ZIP Code +4 91413</p>

<p>12.a. Identify subject groups of employees:</p> <p>Existing bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU ULTCW</p>
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