

# 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.

536250

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name <u>Lupe Cruz</u> Title <u>CEO</u> Organization <u>Cruz &amp; Associates</u> P.O. Box, Bldg., Room No., if any <u>1831</u> Street _____ City <u>Upland</u> State <u>California</u> ZIP Code + 4 <u>91785</u>	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 / 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 <u>Joseph LeRoy</u> Organization <u>Sacramento Container</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4841 Urbani</u> City <u>McClellan</u> State <u>California</u> ZIP Code + 4 <u>95652</u>	7. Date entered into: <u>8 / 23 / 2013</u> 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> President (If other title, see instructions) Title <u>Other (Specify)</u> _____	14. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u> _____
On <u>9/20/2013</u> <u>909-980-8736</u> 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.):

Hourly rate plus expenses

Specific Activities to be Performed

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

a. Nature of activity:

Meet with employees to inform employees of their Section (7) rights and answer questions using NLRB documents for questions & answers

11.b. Period during which performed:  
ongoing

11.c. Extent performed:  
Hel meetings

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

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

12.a. Identify subject groups of employees:

Empolyees in petitioned for unit

12.b. Identify subject labor organizations:

IBT, GCC, Local 388M