

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 88-257, 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.

559966

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any PO 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 / 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 Ernesto Rennella Organization Wally Park Trade Name, if any P.O. Box, Bldg., Room No., if any Street 550 South Hope Street Suite 2200 City Los Angeles State California ZIP Code + 4 90071	7. Date entered into: 7 / 6 / 2014 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><i>Lupe Cruz</i></u> Title <u>President</u> On <u>7/26/2014</u> Date <u>909.980.8736</u> 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.):

Charge hourly rates and 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 of their Sec 7 rights under the NLRA

11.b. Period during which performed:

July 6, 2014

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Greg Passant

Organization Cruz & Associates, Inc.

P.O. Box, Bldg., Room No., if any Po Box 1831

Street

City Upland

State California

ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name Eduardo Padilla

Organization EPC Consulting

P.O. Box, Bldg., Room No., if any

Street 3620 Lomacican Lane

City Bonita

State California

ZIP Code + 4 91902

12.a. Identify subject groups of employees:

Drivers, Cashiers

12.b. Identify subject labor organizations:

Teamsters 911

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Inform employees of their Sec 7 rights under the NLRA

11.b. Period during which performed:

July 6, 2014

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Richard Waters

Organization Gold Rush Services

P.O. Box, Bldg., Room No., if any PO BOX 152

Street

City Mountain Center

State California

ZIP Code + 4 92561

Additional Name and address through whom performed, if any:

Name Ruth Jenkins

Organization

P.O. Box, Bldg., Room No., if any

Street 16020

City Fountain Vally

State California

ZIP Code + 4 92708

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

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:

Drivers, Cashiers

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