

# 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.

572529

1. File Number: C- 00483

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):  Name  Title  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 / 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):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):  Name Gene                              Zarillo  Organization Huhtamaki - Commerce  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 4209 E. Noakes St.  City Commerce  State California                      ZIP Code + 4 90023	7. Date entered into:                      6 / 20 / 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>Gene Cruz</u> President (If other title, see instructions)  Title Other (Specify) CEO	14. Signed _____                      Treasurer (If other title, see instructions)  Title Treasurer
On <u>9-20-14</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.):

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 of their Section 7 rights and answer questions using NLRB and Union documents.

<p>11.b. Period during which performed:</p> <p>June 20, 2014</p>	<p>11.c. Extent performed:</p> <p>On going</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Lupe Cruz</p> <p>Organization Cruz &amp; Associates, Inc.</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 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 EPC Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3620 Lomacitas Ln.</p> <p>City Bonita</p> <p>State California ZIP Code +4 91902</p>

<p>12.a. Identify subject groups of employees:</p> <p>Production workers</p>	<p>12.b. Identify subject labor organizations:</p> <p>USW</p>
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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p style="margin-left: 20px;">a. Nature of activity:</p> <p style="margin-left: 40px;">To inform employees of their Section 7 rights and answer questions using NLRB and Union documents.</p>	
<p>11.b. Period during which performed:</p> <p style="margin-left: 20px;">June 20, 2014</p>	<p>11.c. Extent performed:</p> <p style="margin-left: 20px;">On going</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Ruth Jenkins</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 16020 Elbert Circle</p> <p>City Fountain Valley</p> <p>State California ZIP Code + 4 92708</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Erick Cruz</p> <p>Organization Cruz &amp; Associates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 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 Juan Cruz</p> <p>Organization Reconnect Labor Relations Consultants</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 28715 Mark Rd.</p> <p>City Moreno Valley</p> <p>State California ZIP Code + 4 92555</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p style="margin-left: 20px;">Production workers</p>	<p>12.b. Identify subject labor organizations:</p> <p style="margin-left: 20px;">USW</p>