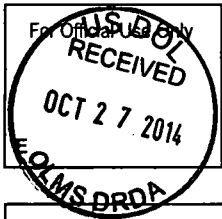


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

572911

1. File Number: C- 00483

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Lupe Cruz  
Title  
Organization  
P.O. Box, Bldg., Room No., if any 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:

/

5. Type of person:

a.  Individual b.  Partnership c.  Corporation d.  Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Todd Williams  
Organization Conway UFV  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 12466 Montague St.  
City Pacoima  
State California ZIP Code + 4 91331

7. Date entered into:

9 / 22 / 14

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 [Signature] President  
(If other title, see instructions)  
Title Other (Specify) CEO

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 10/21/2014 909-980-8736  
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 and inform them of there section 7 rights and answer questions using NLRB documents for questions and answers.

<p>11.b. Period during which performed:</p> <p>9/22/2014</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Greg <input type="checkbox"/> Passant</p> <p>Organization Cruz &amp; Associates</p> <p>P.O. Box, Bldg., Room No., if any 1831</p> <p>Street</p> <p>City Upland</p> <p>State California <input type="checkbox"/> ZIP Code + 4 91785</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Juan <input type="checkbox"/> Cruz</p> <p>Organization Reconnect Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12831 Moreno Beach Dr.</p> <p>City Rancho Belago</p> <p>State California <input type="checkbox"/> ZIP Code + 4 77429</p>

<p>12.a. Identify subject groups of employees:</p> <p>Drivers</p>	<p>12.b. Identify subject labor organizations:</p> <p>Teamsters Local 63</p>
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Filer:	File Number C-
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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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

11.b. Period during which performed:	11.c. Extent performed:
<input type="text"/>	<input type="text"/>

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name <input type="text" value="Rich"/> <input type="checkbox"/> <input type="text" value="Waters"/>	Name <input type="text"/> <input type="checkbox"/> <input type="text"/>
Organization <input type="text"/>	Organization <input type="text"/>
P.O. Box, Bldg., Room No., if any <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>
Street <input type="text" value="P.O. Box 152"/>	Street <input type="text"/>
City <input type="text" value="Mountain Center"/>	City <input type="text"/>
State <input type="text" value="California"/> <input type="checkbox"/> ZIP Code + 4 <input type="text" value="92561"/>	State <input type="text"/> ZIP Code + 4 <input type="text"/>

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
<div style="border: 1px solid black; height: 150px;"></div>	<div style="border: 1px solid black; height: 150px;"></div>