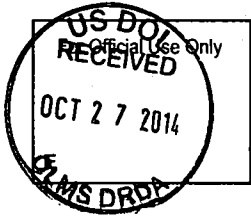


FORM LM-20

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.

572913

1. File Number: C- 00483

Person Filing	
<p>2. Name and mailing address (include ZIP Code):</p> <p>Name <input style="width: 150px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Title <input style="width: 150px;" type="text"/></p> <p>Organization <input style="width: 150px;" type="text" value="Cruz & Associates"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text" value="1831"/></p> <p>Street <input style="width: 150px;" type="text"/></p> <p>City <input style="width: 150px;" type="text" value="Upland"/></p> <p>State <input style="width: 100px;" type="text" value="California"/> ZIP Code + 4 <input style="width: 100px;" type="text" value="91785"/></p>	<p>3. Any other address where records necessary to verify this report are kept:</p> <p>Name <input style="width: 150px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Title <input style="width: 150px;" type="text"/></p> <p>Organization <input style="width: 150px;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text"/></p> <p>Street <input style="width: 150px;" type="text"/></p> <p>City <input style="width: 150px;" type="text"/></p> <p>State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 100px;" type="text"/></p>
<p>4. Date fiscal year ends:</p> <p><input style="width: 30px;" type="text" value="Dec"/> / <input style="width: 30px;" type="text" value="31"/></p>	<p>5. Type of person:</p> <p>a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): <input style="width: 100px;" type="text"/></p>

Nature of Agreement or Arrangement	
<p>6. Full name and address of employer with whom made (include ZIP Code):</p> <p>Name <input style="width: 100px;" type="text" value="Donna"/> <input style="width: 30px;" type="text"/> <input style="width: 100px;" type="text" value="Schnopp"/></p> <p>Organization <input style="width: 150px;" type="text" value="Ventura Coastal"/></p> <p>Trade Name, if any <input style="width: 150px;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text" value="69"/></p> <p>Street <input style="width: 150px;" type="text" value="2325 Vista del Mar Dr."/></p> <p>City <input style="width: 150px;" type="text" value="Ventura"/></p> <p>State <input style="width: 100px;" type="text" value="California"/> ZIP Code + 4 <input style="width: 100px;" type="text" value="93002"/></p>	<p>7. Date entered into: <input style="width: 30px;" type="text" value="9"/> / <input style="width: 30px;" type="text" value="9"/> / <input style="width: 30px;" type="text" value="14"/></p> <p>8. Name of person(s) through whom made:</p> <p>Name <input style="width: 100px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Name <input style="width: 100px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Name <input style="width: 100px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Name <input style="width: 100px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Name <input style="width: 100px;" type="text"/> <input style="width: 30px;" type="text"/></p>

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.)

<p>13. Signed <u><i>[Signature]</i></u> President (If other title, see instructions)</p> <p>Title <input style="width: 150px;" type="text" value="President"/></p> <p>On <input style="width: 100px;" type="text" value="10/22/2014"/> <input style="width: 100px;" type="text" value="909-980-8736"/> Date Telephone Number</p>	<p>14. Signed _____ Treasurer (If other title, see instructions)</p> <p>Title <input style="width: 150px;" type="text" value="Treasurer"/></p> <p>On <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> Date Telephone Number</p>
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. [X] 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.

11.b. Period during which performed: 09/08/2014
11.c. Extent performed: Ongoing
11.d. Name and address through whom performed:
Name: Juan Cruz
Organization: Reconnect Consulting
P.O. Box, Bldg., Room No., if any:
Street: 12831 Moreno Beach Dr.
City: Rancho Belago
State: California ZIP Code + 4: 77492
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:
Production Workers
12.b. Identify subject labor organizations:
Teamsters 517