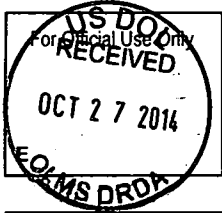


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

572915

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code): Name: [] [] [] Title: [] Organization: Cruz & Associates 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: 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: John Downs Organization: Conway Harlingen Trade Name, if any: [] P.O. Box, Bldg., Room No., if any: [] Street: 429 North O street City: Harlingen State: Texas ZIP Code + 4: 78550	7. Date entered into: 10 / 6 / 14 8. Name of person(s) through whom made: 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> Title: President On: 10/21/2014 Date: 10/21/2014 Telephone Number: 909-980-8736	14. Signed: _____ Title: Treasurer On: _____ Date: _____ Telephone Number: _____
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Filer: Cruz & Associates	File Number C- 00483
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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.):

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: 10/6/2014	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 Belag State California <input type="checkbox"/> ZIP Code +4 77429	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	12.b. Identify subject labor organizations: Teamsters
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