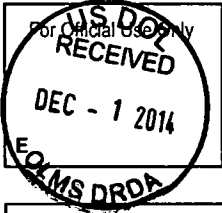


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

573418

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> / 31	5. Type of person: a. Individual b. Partnership c. <input checked="" type="checkbox"/> Corporation d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Dave Herrera Organization Conway Orange Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. Date entered into: 10 / 27 / 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>Jane Cruz</u> President (If other title, see instructions) Title Other (Specify) <input checked="" type="checkbox"/> CEO On 11/21/2014 909-980-8731 Date Telephone Number	14. Signed _____ Treasurer (If other title, see instructions) Title Treasurer 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.):

Hourly rate and expenses.

Specific Activities to be Performed

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

a. Nature of activity:
 Held employee meetings to inform employees of the Section 7 rights and answer questions using NLRB documents

11.b. Period during which performed: Ongoing	11.c. Extent performed:
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11.d. Name and address through whom performed: Name Lupe Cruz Organization Cruz & Associates P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California <input type="checkbox"/> ZIP Code + 4 91785	Additional Name and address through whom performed, if any: Name Gabrielle Jenkins Organization P.O. Box, Bldg., Room No., if any Street 160202 Elbert Circle City Fountain Valley State California <input type="checkbox"/> ZIP Code + 4 92708
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12.a. Identify subject groups of employees: Drivers	12.b. Identify subject labor organizations: Teamsters 952
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