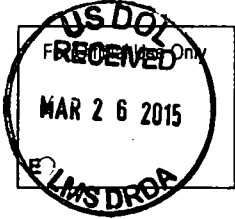


FORM LM-20

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)

583133

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 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. 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 Scott Salmon
Organization Goldstar
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 3781 East Airport Dr.
City Ontario
State California ZIP Code + 4 91761

7. Date entered into:

2 / 27 / 2015

8. Name of person(s) through whom made:

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 Jaime Cruz President (If other title, see instructions)
Title Other (Specify)
CEO

On 3/21/2015 909-980-8736
Date Telephone Number

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

On _____
Date Telephone Number

Filer: Cruz & Associates

File Number C- 00483

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:

Held Employee meetings to inform employees of the Section 7 Rights and answer questions using the NLRB Documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Lupe Cruz
Organization Cruz & Associates
P.O. Box, Bldg., Room No., if any 1931
Street
City Upland
State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name Luis Camarena
Organization LKLS Consulting
P.O. Box, Bldg., Room No., if any
Street 1975 Alderbrooke Ave,
City Chula Vista
State California ZIP Code + 4 91913

12.a. Identify subject groups of employees:

Dock workers and Drivers

12.b. Identify subject labor organizations:

Teamsters Local 853

Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Held Employee meetings to inform employees of the Section 7 Rights and answer questions using the NLRB Documents.</p>	
<p>11.b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</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>Additional Name and address through whom performed, if any:</p> <p>Name Edward Echanique</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 155 Bay Laurel Dr.</p> <p>City Mooresville</p> <p>State North Carolina ZIP Code + 4 28115</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name Gabrielle Mattes</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</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>Dock workers</p>	<p>12.b. Identify subject labor organizations:</p> <p>Teamsters Local 853</p>