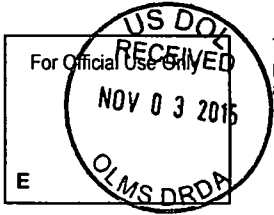


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

660603

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: 91786	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. <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: Dawn Kennedy Organization: American Apparel Trade Name, if any: [] P.O. Box, Bldg., Room No., if any: [] Street: 747 Warehouse St. City: Los Angeles State: California ZIP Code + 4: 90021	7. Date entered into: 9 / 15 / 2015
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] Title: Other (Specify) Receptionist On: 10/24/2015 909-980-8736 Date Telephone Number	14. Signed [Signature] 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 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 thier section 7 rights and answer questions using 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 1831

Street

City Upland

State California ZIP Code + 4 91785

Additional Name and address through whom performed, if any:

Name Juan Cruz

Organization Reconnect Consulting

P.O. Box, Bldg., Room No., if any

Street 29450 Highland Blvd.

City Moreno Valley

State California ZIP Code + 4 92555

12.a. Identify subject groups of employees:

Production

12.b. Identify subject labor organizations:

General Brotherhood of American Apparel Workers

Filer:

File Number C-

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:

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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:

12.b. Identify subject labor organizations:

Filer:

File Number C-

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.
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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:

11.d. Name and address through whom performed:

Name Gabrielle Mattes
 Organization Mattes Consulting
 P.O. Box, Bldg., Room No., if any
 Street 16020 Elbert Circle
 City Fountain Valley
 State California ZIP Code + 4 92728

Additional Name and address through whom performed, if any:

Name Ignacio Fresan
 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:

12.b. Identify subject labor organizations:

Filer:

File Number C-

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:

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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:

12.b. Identify subject labor organizations: