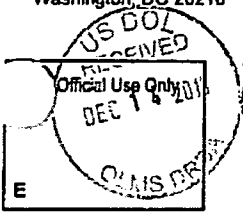


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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. 438 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.

648747

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: Steve Williams
Organization: K & N Engineering
Trade Name, if any: []
P.O. Box, Bldg., Room No., if any: []
Street: 1455 Citrus
City: Riverside
State: California ZIP Code + 4: 91786

7. Date entered into: 4 / 21 / 2016

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: [Signature] President (If other title, see instructions)
Title: President

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

On: 11-30-16 Date 909-980-8736 Telephone Number

On: _____ Date _____ Telephone Number 87

Filer:	File Number C-
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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:

Met with employees concerning their section 7 rights and answered questions using NLRB documents

<p>b. Period during which performed:</p> <div style="border: 1px solid black; padding: 2px;">Ongoing</div>	<p>11.c. Extent performed:</p> <div style="border: 1px solid black; padding: 2px;">Ongoing</div>
<p>11.d. Name and address through whom performed:</p> <p>Name <input type="checkbox"/> Dan <input type="checkbox"/> Block</p> <p>Organization <input type="checkbox"/> Labor Management</p> <p>P.O. Box, Bldg., Room No., if any <input type="checkbox"/></p> <p>Street <input type="checkbox"/> 1431 Elinor</p> <p>City <input type="checkbox"/> Cypress</p> <p>State <input type="checkbox"/> California ZIP Code + 4 <input type="checkbox"/> 77429</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name <input type="checkbox"/> Luis <input type="checkbox"/> Camarena</p> <p>Organization <input type="checkbox"/> LKLS consulting</p> <p>P.O. Box, Bldg., Room No., if any <input type="checkbox"/></p> <p>Street <input type="checkbox"/> 1975 Alderbrooke</p> <p>City <input type="checkbox"/> Chula Vista</p> <p>State <input type="checkbox"/> California ZIP Code + 4 <input type="checkbox"/> 91913</p>

<p>12.a. Identify subject groups of employees:</p> <div style="border: 1px solid black; padding: 5px;">Petitioned for employee group</div>	<p>12.b. Identify subject labor organizations:</p> <div style="border: 1px solid black; padding: 5px;">IAM District lodge 725</div>
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Filer:	File Number C-
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<p>b. Period during which performed:</p> <div style="border: 1px solid black; padding: 2px;">Ongoing</div>	<p>11.c. Extent performed:</p> <div style="border: 1px solid black; padding: 2px;">Ongoing</div>
<p>11.d. Name and address through whom performed:</p> <p>Name <input type="text" value="Rich"/> <input type="text" value="Waters"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="152"/></p> <p>Street <input type="text"/></p> <p>City <input type="text" value="Mountain Center"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92581"/></p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name <input type="text" value="Gabiella"/> <input type="text" value="Mattes"/></p> <p>Organization <input type="text" value="Mattes Consulting"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="16020 Elbert Ct"/></p> <p>City <input type="text" value="Fountain Valley"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92708"/></p>

<p>12.a. Identify subject groups of employees:</p> <div style="border: 1px solid black; padding: 5px;">Petitioned for employee group</div>	<p>12.b. Identify subject labor organizations:</p> <div style="border: 1px solid black; padding: 5px;">IAM District lodge 725</div>
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Filer:

File Number C-

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a. Nature of activity:

Met with employees concerning their section 7 rights and answered questions using NLRB documents

b. Period during which performed:

Ongoing

11.c. Extent performed:

Ongoing

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-
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Period during which performed:

Ongoing

11.c. Extent performed:

Ongoing

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

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11.b. Period during which performed: <input type="text" value="Ongoing"/>	11.c. Extent performed: <input type="text" value="Ongoing"/>
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11.d. Name and address through whom performed: Name <input type="text" value="Jaime"/> <input type="checkbox"/> <input type="text" value="Brambilla"/> Organization <input type="text" value="EPC Consulting"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="3820 Lomacitas Lane"/> City <input type="text" value="Bonita"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91802"/>	Additional Name and address through whom performed, if any: Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Organization <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text"/>
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12.a. Identify subject groups of employees: <input type="text" value="Petitioned for employee group"/>	12.b. Identify subject labor organizations: <input type="text" value="IAm District lodge 725"/>
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