

# 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)

649272



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00483

<b>Person Filing</b>	
<b>2. Name and mailing address (include ZIP Code):</b> Name Title Organization Cruz & Associates P.O. Box, Bldg., Room No., if any 1831 Street City Upland State California      ZIP Code + 4 91785	<b>3. Any other address where records necessary to verify this report are kept:</b> Name N/A Title Organization P.O. Box, Bldg., Room No., if any Street City State      ZIP Code + 4
<b>4. Date fiscal year ends:</b> Dec <input checked="" type="checkbox"/> / 31	<b>5. Type of person:</b> a. Individual    b. Partnership    c. <input checked="" type="checkbox"/> Corporation    d. Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
<b>6. Full name and address of employer with whom made (include ZIP Code):</b> Name Kenny Moyles Organization Magnolia Health Corporation Trade Name, if any Kaweah Manor P.O. Box, Bldg., Room No., if any Street 3710 W Tulare Ave City Visalia State California      ZIP Code + 4 93277	<b>7. Date entered into:</b> 1 / 30 / 2017  <b>8. Name of person(s) through whom made:</b> 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 Title <u>Other (Specify) <input checked="" type="checkbox"/></u> Vice President On <u>3/2/17</u> <u>909-980-8736</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
---	---

372

606/384

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 reimbursed 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 their Section 7 rights and answer questions using NLRB documents	
11.b. Period during which performed: ongoing	11.c. Extent performed: N/A
11.d. Name and address through whom performed: Name Jose Palacios Organization Trident Labor Solutions P.O. Box, Bldg., Room No., if any Street 5655 Vineland Ave City North Hollywood State California <input type="checkbox"/> ZIP Code +4 91601	Additional Name and address through whom performed, if any: Name Greco Romero Organization EKLS Consulting P.O. Box, Bldg., Room No., if any Street 1975 Alderbrook Ave City Chula Vista State California <input type="checkbox"/> ZIP Code +4 91913
12.a. Identify subject groups of employees: Non-technical unit	12.b. Identify subject labor organizations: SEIU Local 2015

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 reimbursed 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 their Section 7 rights and answer questions using NLRB documents	
11.b. Period during which performed: ongoing	11.c. Extent performed: N/A
11.d. Name and address through whom performed: Name Greg Passant 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 Organization P.O. Box, Bldg., Room No., if any Street City State <input type="checkbox"/> ZIP Code + 4
12.a. Identify subject groups of employees: Non-technical unit	12.b. Identify subject labor organizations: SEIU Local 2015