

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.

652744

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: NA [] [] 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): []

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Jeff Savage Organization: Sacramento River Cats Trade Name, if any: [] P.O. Box, Bldg., Room No., if any: [] Street: 400 Ball Park Ave City: Sacramento State: California ZIP Code + 4: 95691	7. Date entered into: 5 / 21 / 2017
8. Name of person(s) through whom made: Name: NA [] [] 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: Jose Cruz President (If other title, see instructions)
Title: President
On: 6/22/2017 909-980-8736
Date Telephone Number

14. Signed: 6-21-17 Treasurer (If other title, see instructions)
Title: Other (Specify) NA
On: [] []
Date Telephone Number

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 their Section 7 rights and answer questions using the NLRB Documents

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Rich Waters

Organization

P.O. Box, Bldg., Room No., if any 152

Street

City Mountain Center

State California ZIP Code + 4 92561

Additional Name and address through whom performed, if any:

Name Emigdio Arias

Organization KNA Industrail Relations

P.O. Box, Bldg., Room No., if any 14804

Street

City Long Beach

State California ZIP Code + 4 90853

12.a. Identify subject groups of employees:

Concessions

12.b. Identify subject labor organizations:

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