

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.

652745

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: Julianne Williams Organization: Dycora Transitional Health Trade Name, if any: [] P.O. Box, Bldg., Room No., if any: [] Street: 111 Barstow Ave. City: Clovis State: California ZIP Code + 4: 93612	7. Date entered into: 4 / 3 / 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 Title: President On: 06/22/2017 Telephone Number: 909-980-8736	14. Signed _____ Title: Other (Specify) NA On: _____ 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 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 Greg Passant

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 Greco Romero

Organization LKLS Consulting

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

Street 1975 Alderbrooke Pl.

City Chula Vista

State California ZIP Code + 4 91913

12.a. Identify subject groups of employees:

Petitioned for group

12.b. Identify subject labor organizations:

SEIU 2015

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11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Daniel Block

Organization Labor Management

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

Street 1431 Elinor

City Cypress

State California ZIP Code + 4 77429

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State California ZIP Code + 4

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