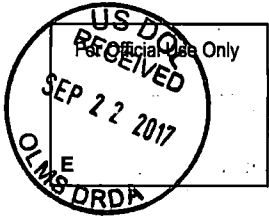


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

655767

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.  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 Brook   Logan  
Organization Emerald Textiles  
Trade Name, if any   
P.O. Box, Bldg., Room No., if any   
Street 1725 Dornoch Court  
City San Diego  
State California ZIP Code + 4 92154

7. Date entered into:

7 / 25 /

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

President  
(If other title, see instructions)

Title President

14. Signed

Treasurer  
(If other title, see instructions)

Title

On 9/5/2017

Date

909-980-8736

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. [X] 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 Luis Camarena
Organization LKLS Consulting
P.O. Box, Bldg., Room No., if any
Street 153 Avenida Altamira
City Chula Vista
State California ZIP Code + 4 91914

Additional Name and address through whom performed, if any:
Name Eduardo Padilla
Organization EPC Consulting
P.O. Box, Bldg., Room No., if any
Street 3364 Bonita Woods Dr.
City Bonita
State California ZIP Code + 4 91902

12.a. Identify subject groups of employees:
Drivers 39

12.b. Identify subject labor organizations:
Teamsters Local 542

Filer:

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.

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a. Nature of activity:

Held employee meetings to inform employees of their Sections 7 Rights and answer questions using NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name Luz  Slim

Organization Lighto Labor inc.

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

Street 10515 Mildred St

City El Monte

State California  ZIP Code + 4 91733

Additional Name and address through whom performed, if any:

Name Ignacio  Fresan

Organization LKLS Consulting

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

Street 153 Avenida Altamira

City Chula Vista

State California  ZIP Code + 4 91914

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Teamsters Local 542

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a. Nature of activity:
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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 Albert [ ] Slim
Organization Lighto Labor inc.
P.O. Box, Bldg., Room No., if any
Street 10515 Mildred St
City El Monte
State California ZIP Code + 4 91733

Additional Name and address through whom performed, if any:
Name Phillippe [ ] Padilla
Organization LKLS Consulting
P.O. Box, Bldg., Room No., if any
Street 153 Avenida Altamira
City Chula Vista
State California ZIP Code + 4 91914

12.a. Identify subject groups of employees:
Drivers

12.b. Identify subject labor organizations:
Teamsters Local 542

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Hourly rate plus expenses.

**Specific Activities to be Performed**

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a. Nature of activity:

Held employee meetings to inform employees of their Sections 7 Rights and answer questions using NLRB documents.

11.b. Period during which performed: <input type="text" value="Ongoing"/>	11.c. Extent performed: <input type="text" value="NA"/>
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11.d. Name and address through whom performed: Name <input type="text" value="Jaime"/> <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="3364 Bonita Woods Dr."/> City <input type="text" value="Bonita"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91902"/>	Additional Name and address through whom performed, if any: Name <input type="text" value="Joseph"/> <input type="text" value="Starling"/> Organization <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="10417 N. MacArthur, BLVD #239"/> City <input type="text" value="Irvinh"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="75063"/>
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12.a. Identify subject groups of employees: <input type="text" value="Drivers"/>	12.b. Identify subject labor organizations: <input type="text" value="Teamsters Local 542"/>
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Filer:

File Number C- 00483

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a. Nature of activity:

Held employee meetings to inform employees of their Sections 7 Rights and answer questions using NLRB documents.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

NA

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Teamsters Local 542